FOR STATE HEARTH DEPT. ny delay is

PM3.

Department

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the Sta Health prior to buriol, cremotion, or removal, and in any event within 72 hours ofter death. 5 may be retained for your files.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and

CAL EXAMINER: This certificate should be executed within 24 hours ofter death

TO DEPUTY

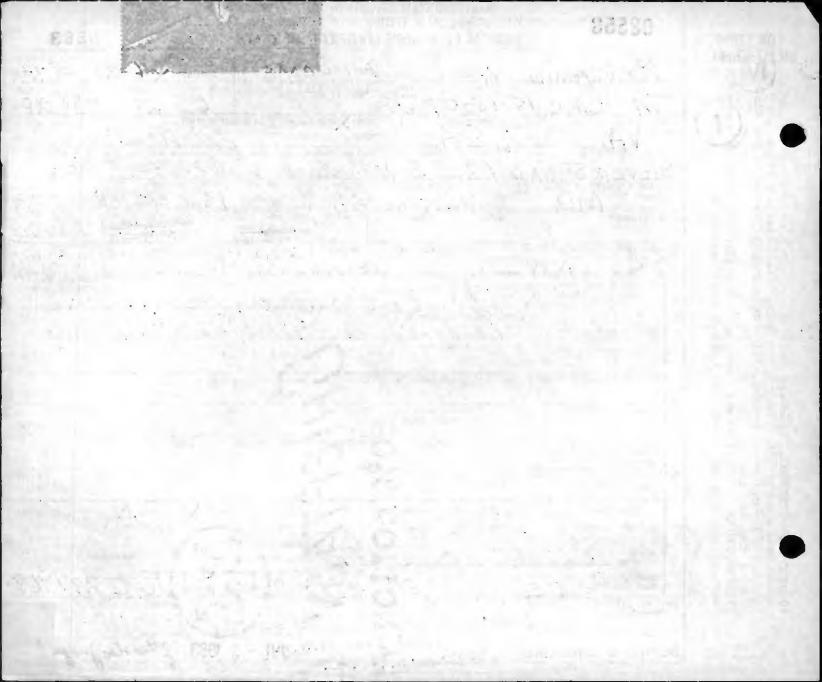
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL	EXAMINER'S	CERTIFICATE.	OF	DEATH	

08583

1. D	ECEASED NAME	First TA-MIN	WM	Middle	ABR	AMS-	20. DATE KNOWN DEATH MATED	Month Doy	Year 2b. HOUR 7A M	
3. 58	m	PAUC !	S. DATE OF BIRTH	6. AGE (in lost birthe	(gy) MONTHS DAY		2c. DATE PRONOUNCED D	PEAD Yes	168 2d. HOUR	
7a. I	BIRTHPLACE (State a	fareign 7b.	CITIZEN OF WHAT COUN	4.		IVORCED 🖂	Mente DEATH	fom	ery Me.	
10. 0	ITY OR TOWN OF D	SPRIN	O give street od	HOSPITAL OR INSTIT	UTION (If not in hosp		CUPATION (Kind of work of working life, even in rel		D OF DUSTNESS OR	
	USUAL RESIDENCE dmission) STATE	Where deceosed	ived if institution: Re 3b. COUNTY	esidence before 130	CITY OR TOWN	YES NO	13e. STREET AND NUMBE	157-W	EST Hou.	
14. F	ATHER'S NAME	First	Middle	OLost	15. MOTHER'S	MAIDEN NAME First	A Middly	130	FANNIF	
	WAS DECEASED EVER	1 0	ES? 16b. SO	CIAL SECURITY NO.	17. INFORMANT	13028) LEN (T.)	ABRAMS	SON)	R. BOWIE,	
		TH WAS CAUSED BY IMMEDIATE (which gave e cause (a),		ONSEQUENCE OF	Cor	mary tie	Jan X	Paca	OPPROXIMATE INTERVALE WEEN ONSET AND DEATH CAGE:	
No	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o)									
MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?							20	YES NO	
DICAL CES	21g. EXTERNAL CAU PRIMARY OR C CAUSE OF DEATH		21b. TIME OF INJURY I HOUR A.M. P.M.	Manth, Day, Year 19	21c. HOW INJURY	OCCURRED (Enter nati	ure of injury in Port 1 or P	Port 2, Item 18.)		
ME	21d. INJURY OCCUR WHILE NOT V AT WORK AT W	VHILE foctory	E OF INJURY (At hame, , affice building, etc.)	, form, street,	21f. LOCATION Str	eet ar R.F.D. No.	City or Town	Count	y State	
1	220. I ce deoth result signature EXAMINER'S NAME (Type)		chorge of the rem		Suicide M.B.	utopsy, In , Homicide CHIEF MEDICAL EXAMIN ASSISTANT MEDICAL EXAM DEPUTY MEDICAL EXAM ADDICEST JOB 1979	Undetermined militer	1/100	nd in my opinion	
23a.	BURIAL, CREMATIO REMOVAL (Specify)		/30/68	23c. NAME OF COM	DAVID		LOCATION (City or Town)	URCH V	(State)	
40.00	FUNERAL DIRECTOR			ADDRESS	14th St.	2Sa. REC'D BY RE	GISTRAR 25b. REGIS	STRAR'S SIGNATUL	RE	
Be	ernard I	anzans	ky & Son	s, Wash.	- D. C.	DAJUL -	3 1968 gcc	carles &	udge	

VR A15ME (5) 10M REV. 1/68



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar removal, and in any event, within 72 hours after death. **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.

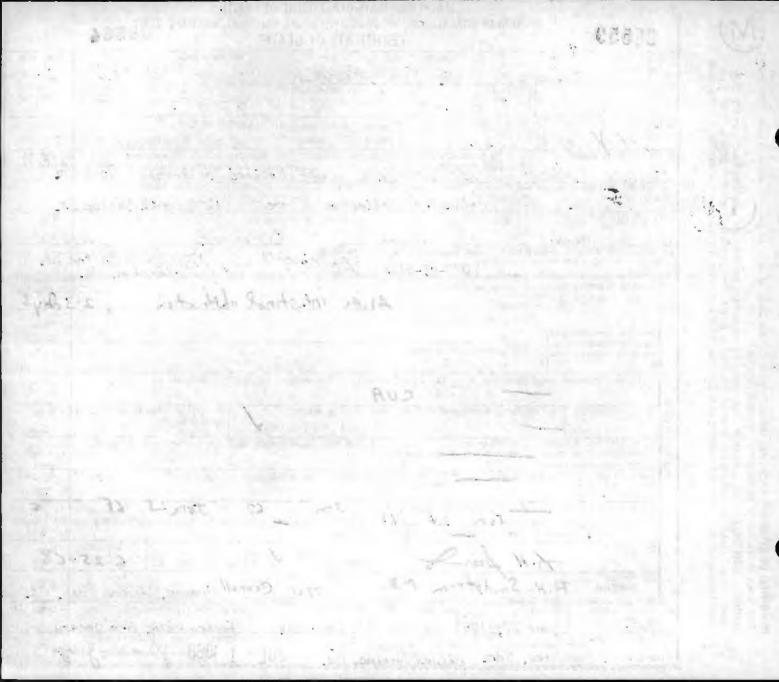
08559

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1. DECEASED-NAME	First		Middle		Lost		2o. DATE O			2b. HOUR	
(Type or print)	TILL	LIE	A.	1	PLBAC	K	1	Month 25	Doy 68 Year	3:30 A.M	
3. SEX Femi	015	4. RACE	casian		S. DATE OF	BIRTH -	07	6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 NRS. HOURS MIN	
7o. BIRTHPLACE (St		7b. CITIZEN OF WI		8. HADDIED	☐ NEVER MA	PDIES TO 1	9. COUNTY OF		RS.		
country)	V	4.1	. A .	WIDOWED		RCED		T GOMFK	11 CD01	TU Md	
10. CITY OR TOWN	OF DEATH	11. N/	AME OF HOSPITAL OR IN:		ot in hospital		L OCCUPATION	Kind of work do	ne/ 12b. KIND Q	BUSINESS OR SENTRAL	
13o, USUAL RESIDE	NCE (Where deceos	and lived if institut	on: Residence before			13d. INSIDE CITY LIN		TREET AND NUMBER	40000		
odmission) STATE	Va.	13b. COUNTY	rlington	Arlin	gton	YES NO	0 12	00 South	Barton S	St.	
14. FATHER'S NAME		Middle	Lost	1:	S. MOTHER'S A	MAIDEN NAME FI		Middle		Lost	
	Henry		Alb	ack		07	12410	0	m	OHR	
Yes, no, or unkn	D EVER IN U.S. AR/	MED FORCES? war or dates of service)	087-05-6	1	HOS PIT		Pecort	1200 Soul	th Barton	r St.	
18, CAUSE O	DEATH WAS CAUSE	D BY: ATE CAUSE (o)	ne for (o), (b), and (c).		te im	testinal	P 0 65+	vetin	APPROX	COMMATE INTERVAL OMSET AND DEATH	
rise to imme	fony, which gove adiote couse (o), underlying couse	(b)	S A CONSEQUENCE OF			-					
PART 2. OTH	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART I(o)										
190. DATE OF	DECENTION LINE	CONDITION COD WILL	ICH OPERATION WAS PE	DECEMBED	20g. AUT	OBCVD	1205	F YES, WERE FINDING	C CONCIDEDED IN I	CEDTIEVING	
190. DATE OF	OPERATION 190.	CONDITION FOR WIT	ICH UPEKATION WAS PE	Krukmeu	YES [S OF DEATH?	33 CONSIDERED IN	CERTIFFING	
F OR CONTRIBL	NT WAS UNDERLYIF ITING CAUSE OF DEA tify medical exami	TH HOUR AM.	Month Doy Yeor		OW INJURY O	CCURRED (Enter	noture of inju	ury in Port 1 or Port	2, Item 18.)		
21d, INJURY While Not work	OCCURRED 21e.	PLACE OF INUIRY	AT NOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. L	OCATION Str	eet or R.F.D. No.	City	or Town	County	Stote	
22a. I cer	tify that (I) (the	live on Jus	ended the deceas 2 4 (did not) view the	196 L an	d thot in (r	, 19 6 (ny) (cer) apir	7, to nion death	occurred on the	19 67 , tha date and have	it (I) (VE) lost r and from the	
22b, SIGNATU	RE -7	K.H. S.	Lus	DEGI	ATTEND REE PHYS.	ING MI	ED.	STAFF PHYS.	22c. DATE SIGNED 6-25-	-68	
22d. PHYSICI NAME (1	AN'S (ype) R.	H. Sand	strom m	D.	22e. AE	DRESS	rroll A	venue. Jo	ikoma Pan	k IId	
230. BURIAL, CREA	ecify)	DATE use 27 1	23c. NAME OF		CREMATORY Ceme	texu	1	ON (City or Town)	(County) New Jean	(Stote)	
24. FUNERAL DIRE	CTOR Car El	ena	8434ADDRESS	orgia l	que.	2So. REC'D BY	Y REGISTRAR	2Sb. REGISTRA	AR'S SIGNATURE	Me	

VR A15 (4) 30M REV. 1/68



1	Items 18-22 Film 402 MARYLAND STATE DEPARTMENT OF HEALTH 7-15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	gen the star
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	565
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Manth Day	Year 2b. HOUR
to de de	(Type or Print) Amuel. OF ESTI- DEATH MATED & Que 30	19695A
è ma	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (to years) IF UNDER) YEAR 1 IF UNDER 24 HRS 2C, DATE PRONOUNCED DEAD	2d. HOUR
0 8 1	male White 7/14/13 54 yrs.	Year 1968 773 N
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MARRIED MAR	
th tages		KIND OF BUSINESS OR
ofter death 3. Give Pages Slong with fat with the State	Kensington give street address) adversing life, even if refired.) MDU	
hours offer ltem 18. Give Office olong 1 ond 2 with th after death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR FOWN admission) STATE 13b. COUNTY Thank Leaveston YES NO 10407 Facet	7.H. St.
hours Office ond 2	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle	Lost
	Isaac Jacoh Farnie	LOST
	16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	4
d within in pencil Examine File page	(Yes, na, ar unknown) [If yes give war or doins of service] Wife Mary allen - Same of	as alone
ed v oi Eo oi Eo in in	JB CAUSE OF DEATH (Enter only one couse per line for (a), (b), end (c).) PART I. DEATH WAS CAUSED BY: Overdose of Barbiturates	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in itef Medicol E. insit permit. Fevent within	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Overdose of Barbiturates	1 hr 7
end Mend it p	DUE TO, OR AS A CONSEQUENCE OF	
L be Chief	Canditians, if any, which gave) rise to immediate cause (a), (b)	
s certificate should be executed e, writing the ward "pending" in forwarded to the Chief Medical E. used as o burial-transit permit. Femoval, and in any event within	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
g the stand to ed to and it	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ficating rded	1 8710	
is certific te, writin forwards e used os removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This create, be for the u	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Hem. 16	YES X NO
差	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year PRIMARY POOR CONTRIBUTING 5. HOUR A.M. 6/30	B.)
INER: e certif should files. 3 should ation,	CAUSE OF DEATH	
		mery Md.
	AT WORK C AT WORK C AT WORK C	
ICAL E e executor. Poged for CTOR: P burial,	22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection 💢, Inquiry 💢,	and in my apiniar
ry, please errol director be retained RAL DIRECT prior to buring the prior to buring the prior to buring the b	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner 🗵	
Y, pleose irol directo e retoine (AL DIREC	ACTUAL SIGNATURE SIGNATURE SIGNATURE SIGNATURE 22b. DATE SIGN	CD.
EPUTY ssary, principal on be read in the principal of the	DEDITY MEDICAL EVANIMED W	June 68
O DEPUTY necessary, the fundro 5 may be O FUNERA! Health pr	EXAMINER'S NAME (Type) JOHN G. BALL ADDRESS(Street, city, tawn, or caunty) Bethesda	. Md.
TO D nece the S m Heo	23g. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cou	
	Burial 7-2-68 St. John's Cemetery Silver Spring. 1	Maryland
ak	24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR 5 SIGNA	ATURE
VR A15ME 65V 10M REV. 18	ROBERT A. PUMPHREY, Bethesda, Maryland JUL - 3 1968 (Charles)	udge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death-sertificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

30M REV 1/68

OOKE!

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CCAUX	C. C	CERTIFICA	IE OF DEATH		00000	9				
	DECEASED-NAME First (Type or print)	Middle	7	Last	20. DATE OF DEATH Month	Dov Yeor	2b. HOUR				
L	(Type or print) Cather		Una	uson	tine o	9 1968	21				
3. 5	Female	Le Rite		DATE OF BIRTH	6. AGE (In years lost birthday)	MONTHS DAYS /RS.	HOURS MIN				
	BIRTHPLACE (Stote or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH						
	Inthe dakata	4.5/	WIDOWED [youndery	M				
16.	CITY OF TOWN OF DEATH Betherda	11. NAME OF HOSPITAL OR THE give street oddress)	STITUTION (If not i	during m	AL OCCUPATION (Kind of work of ost of working life, even if refire retains — Dent o	A) INDUSTRY					
	n. USUAL RESIDENCE (Where deceased mission) STATE	lived, if institution: Residence before 13b. COUNTY Montgomery	13c. CITY OR TO		13e. STREET AND NUMBER		Lane				
14.	FATHER'S NAME First Leo 7,	P 22-1111-11	iton	NOTHER'S MAIDEN NAME F		The.	losi				
16	o. WAS DECEASED EVER IN U.S. ARMEI Yes, gry or unknown) (11 yes give war	D FORCES? or dates of service) 16b. SOCIAL SECURITY 579-18-57		ormant Idred U. And	lerson Rocky	110 111	Lane				
	1B. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED IMMEDIATE		IATE INTERVAL ISET AND DEATH								
	Canditions, if any, which gave is to immediate cause (a). Stating the underlying cause lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF (c) Canditions if any, which gave is to immediate cause (a). Stating the underlying cause lost.										
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
1,	330%										
CERTIFICATION	190. DATE OF OPERATION 196. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED	20o. AUTOPSY? YES NO	CAUSES OF DEATHS	DINGS CONSIDERED IN CERTIFYING					
MEDICAL CED		HOUR A.M. Month Day Year		INJURY OCCURRED (Ente	er nature of injury in Part 1 or Po	1 2, Item 1B.)					
ME	While Nat while at work	LACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.				County	State				
	saw the deceased aliv	hospital) ottended the deceos ve on	19 <u>64</u> , and t	hot in (my) (our) api	inion deoth occurred an th	19 <u>C+</u> , that e date and haur c	(i) (we) lo				
	22b. SIGNATURE	July, hol	DEGREE	PHYS.	MED. STAFF DIRECTOR PHYS.	Jun 29	1928				
	22d. PHYSICIAN'S NAME (Type) Sidve	J. Cohen, M.D.		Roc Will	le, Haryland						
23	a. BURIAL, CREMATION, REMOVAL (Specify) Survail Guil		CEMETERY OR CR	Comptany	23d. LOCATION (City or Town) Prince George	(County)	(State)				
24	. FUNERAL DIRECTOR KULER	84 3 ADDRESS	corgia A	ve. 2So. REC'D E		RAR'S SIGNATURE	-				
	Warner E. Pumphr	rey. Inc. Silver	Sprina.	Md. DAEUL	- 0 1000 King	was may	Z.				

10000

Rughland Charal Amounty and Paterior

Charles and the . The St. with St.

333

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08562 38567 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH First 2b. HOUR A (Type or print) June William. Raymond Anderson 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Male White 15 September 1926 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Montgomery Pennsylvania WIDOWED [DIVORCED [USA 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
The during most of working life, even if retired.)
Secretary **INDUSTRY** Bethesda "Clinical Center 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY EIMITS? admission) STATE 13b. COUNTY Ohio YES 🔀 NO Canfield New Buffalo Road, R. D. #3 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Ruth Williams Raymond E. Anderson 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, no, or unknown) 204-14-1678 The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),
PART 1. DEATH WAS CAUSED BY:
Bilateral bronchopneumonia BETWEEN ONSET AND DEATH 4 days IMMEDIATE CAUSE (a) Pulmonary edema DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) (b) Acute Myelogenous Leukemia 2 years rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) Acute renal failure: Moniliasis large bowel. 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO _ YES TY 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work 22a. I certify that (t) (this haspital) attended the deceased from 20 Feb. 1968, to 5 June 1968, that (K) (we) last saw the deceased alive on 5 June 1968, and that in (M) (aur) apinion death accurred an the date and haur and from the causes stated above alicewe) (end) (eight) view the body after death.

signed by the attending physician and campletely filled in by the Norban burial-transit permit. Then please remave carban papers. Pages 1 burial, cremation, ar remaval, and in any event, within 72 haurs after has been the O FUNERAL DIRECTOR: After P directar, shauld be 23a. BURIAL, CREMATION

22b. SIGNATURE

228. PHYSICIAN'S NAME (Type)

be retained

death dnd

requires that the death certificate be executed within 24 haurs at

David L. Lilien, M.D. 23b. DATE

ATTENDING MED. DIRECTOR

Mt. Olivet Cemetery

STAFF PHYS.

22c. DATE SIGNED 6 June 1968

Me. ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town) (County) North Lima, Ohio

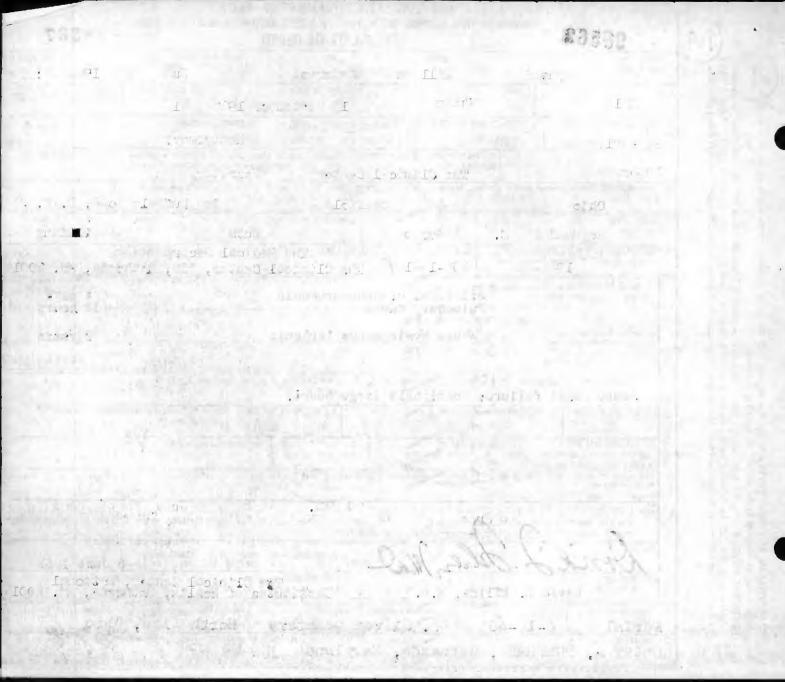
ADDRESS 24. FUNERAL DIRECTOR

6-10-68

A. PUMPHREY, Bethesda, Maryland

25a. REC'D BY REGISTRAR 196825b. REGISTRAR STOCKANDUR

VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

L	- 50 th to .		CERTIF	ICATE OF D		VO		
	DECEASED-NAME	First	Middle	Lost		20 DATE OF DEATH		2b. HOUR
П	(Type or print)	ETFice .		Avery		Month D	y Year	4 00 N
3. 3	SEX (4 RACE		S. DATE OF BIRT	TH	6. AGE (In years	UF WINDER I YEAR	IF UNDER 24 HRS.
	Female	while	٠.	2-1	8-09	last b rhday)	MONTHS DAYS	HOURS MIN.
	BIRTHPLACE (State or foreign	gn 7b. CITIZEN OF WHAT C	OUNTRY? 8. MARRI	ED 🔀 NEVER MÅRRI	1.	COUNTY OF DEATH		
COL	intry) Georgia	USA	WIDOW			montgomer	1	Md
10	CITY OR TOWN OF DEATH	11 NAME C	FHOSPITAL OR INSTITUTION (If not in hospital		OCCUPAT ON (Kind of work done		BUSINESS OR
	Tokoma Ko	give street	shipalon Sun	Loin mallo	during most	of working life, exen if retired)	INDUSTRY	Hine
		deceased lived, if institution is	Residence before 13c CITY	OR TOWN 13	Id. INSIDE CETY LIMITS	CHINA CHINA		. \
adr	nissian) STATE	13b. COUNTY	Euraeu Hya	Hoville !	YES 🗹 NO 🗆	4310 32	rson St	., AN 10
,4	FATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIL	DEN NAME First	Middle	· · · · · · · · · · · · · · · · · · ·	Lost
П	Pay	itan	Skinner		No	med	Hw	ahe 3
16	. WAS DECEASED EVER IN L	.S. ARMED FORCES? 16b. yes give wor or dates of service)	SOCIAL SECURITY NO. 1	7 INFORMANT	1	Address	d	11
	Yes, no, er unknown) ("	Jes give real to agrees an Apriles)	unknown	Record	o - was	hington Sanitar		
		nter only one couse per line for	(o), (b), ond (c).)	1 -		. /		NATE INTERVAL RSET AND DEATH
П	PART I. DEATH WAS	CAUSED BY- MMEDIATE CAUSE (a)	Ch	idia	c a	rrest		
П	4129	DUE TO, OR AS A			0.	0 . 0 -		1
П	Conditions, if any, which		M	yoza	rollat	11 diana	a 11.6	retter
ı	rise to immediate caus stating the underlying		CONSEQUENCE OF	0,	0		110	
1	iost 4	(c)	a	relico	relec	1267	The	12
Н	PART 2. OTHER-SIGNIFICA	NT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PART I(a)		
Iz	KIR	der or	11 ARent	Duch.	ces 4	Coaretztz	an an	B
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH O	PERATION WAS PERFORMED	20a. AUTOPS	SY?	20b IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CE	RTIFYING
RYFE	6/7/68	/		YES 🗀	NO 🗌			
			JRV 21c	. HOW INJURY OCCU	RRED (Enter no	ature of injury in Port 1 or Port 2	, Item 18.)	
MEDICAL	(If either, notify medical	exominer) P.M.	19					
2	21d INJURY OCCURRED While Nat while	218 PLACE OF INJURY (AT H	DME, FARM, STREET, FACTORY,) 215 TE BUILDING, ETC.	LOCATION Street	ar R F.D. No.	City or Town	County	State
П	at work at work			00.	0.1			40. 4
П	22a. I certify that	(I) (this hospital) attende	d the deceased from.	and that in Imy	19_66	on degrit occurred on the i	9 <u>68</u> , that	(I) (we) las
1	causes stated	abave; (I) (we) (did) (did	not) view the bady aft	er death.) (our) aprilic	on deglin accorded on the c	Tote one noor (ma mom me
	22b. SIGNATURE		1 1		h - 2 118h		C. DATE SIGNED	7
	/	Pinne IV	. Creeo	EGREE PHYS.		CTOR PHYS.	6/10	168
ı	22d. PHYSICIAN'S			22e ADDR	ESS			
	NAME (Type)							
23	BURIAL, CREMATION,	23b. DATE	23c NAME OF CEMETERY			23d. LOCATION (City of Town)	(County)	(Stote)
	READSAL (Specify)	6/12/68	Ft. Lin			Colmar Manor		Md.
	. FUNERAL DIRECTOR		ADDRESS		2So. REC'D BY F			4.4
[-]	rancis Gas	ch's Sons Hy	attsville, M	d.	DATE JUN	17 1968 11	Market &	-

TO HUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the chief director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deafter

X

30M REV





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME Middle 2o. DATE OF DEATH 2b. HOUR First (Type or print) Month BARKIEY WASHINGTON signed by the attending physicion ond completely filled in by the Kuz ||Unial-tronsit permit. Then please remove carban papers. Pages 1 bunal, cremation, or removal, ond in any event, within 72 hours after v S. DATE OF BIRTH 3. SEX 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 10-22-187 Female law requires that the death certificate be executed within 24 hours 7c BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED country) Montgomery Maruland DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito)
give street address) a paper with the work of the street address) a paper with the work of the street address) a paper with the work of the work of the street of the work of the 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR INDUSTRY burial, cremation, or removal, and in any event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? 13b. COUNTY YES 🔀 14. FATHER'S NAME WM GEORGE WASHINGTON LUASKing ton 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) I (If yes give war or dates of service) Barkley 5000 Glenbroo F. Latimer 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH Canditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use os the lath prior to to has been 4200 CERTIFICATION 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO K O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING ["] CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. detoched 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY County State City or Town While Not while at work 22a. I certify that (1) (this hospital) attended the deceased frame. 19 6 Sand that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on... couses stoted above, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, poge 3 should be filed v DEGREE PHYS DIRECTOR 22e-ADDRESS 22d. PHYSICIAN S NAME (Type) 400 NAME OF CEMETERY OR CREMATORY 23o BURIAL, CREMATION 23b. DATE 23d_ LOCATION (City or Town) (County) REMOVAL (Specify) 6CK EM 24. FUNERAL DIRECTOR 25g, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 5130WIS. AVE. WASH 30M REV, 1/88





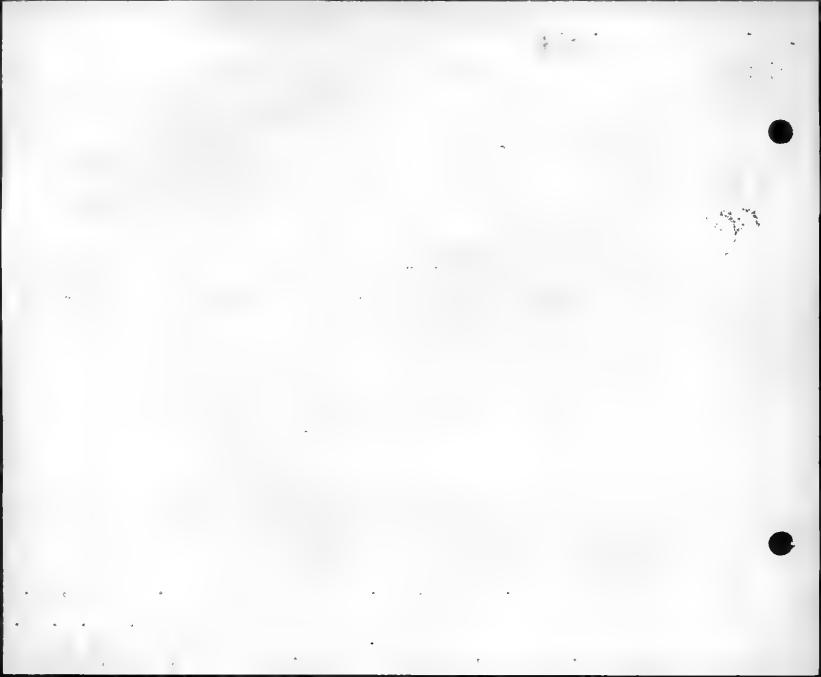


	2056 3 CE	RTIFICATE O	F DEATH							
	CEASED-NAME First Middle	O last	20.	DATE OF DEATH	2b HOUR					
	ype or print) KOBERT HAROLD	BEAC	6	Month Day	4 19/18 25					
3 S	X 4. RACE	S. DATE OF	BIRTH	6. AGE (in years	F JHOER 1 YEAR IF LINOER 24 NRS. MONTHS DAYS HOURS MIN					
0	rale white	4/2	-/12	last birthday) YRS.	MUNIES DATS HOURS MIN					
7a. l	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B.	MARRIED NEVER M	ARRIED 9. COL	UNTY OF DEATH						
	N. CAROLINA U.SA.		ORCED 🗌	JOHRAMERY	N					
10 (TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTIT	UTION (If not in hospita		UPATION (Kind of work chone working life, even if settred.)	126 KIND OF BUSINESS OR					
10	ethes da Jubirban H	laspital	BARBE	ER	Barber					
130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 ssjan) STATE, 13b COUNTY	CITY OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET AND NUMBER	1					
Z2	TARY 19nd 110 MERY 1	dethesda	YES NO 🗆	4890 BAHER	y LANE					
14. 1	ATHER SHAME First Middle Last	1S MOTHER S	MAIDEN NAME First	Middle C	Last					
L	HASSEL BEACH		NNIE	K/1230,	N.					
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 245-01-07		- 12-1-1	Address						
	No. **** 245-01-0	195CZHR.	4 WONCA	- WIFE -	SAME -					
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY.		-1 -1	3	BETWEEN ONSET AND DEATH					
	IMMEDIATE CAUSE (a)	4 days								
Н	OUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) (and itians, if any, which gave) (b) (cirrhosis, liver)									
	rise ta immediate cause (a), (
Н	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF									
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	DELATED TO THE TERM	MAI DISEASE OP COMPIT	ION CIVEN IN DART 1/a)						
	TAKE 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DESIGN BUT NOT	RECEIVED TO THE TERMS	MAC DISEASE OR COMDITI	ION OUTCH IN TAKE I(U)						
TION	190 DATE OF OPERATION 1396, CONDITION FOR WHICH OPERATION WAS PERFO	DRMED 20g AL	JTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING					
CERTIFICATION		YES		CAUSES OF DEATH?						
	21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY	<u> </u>		re of injury in Part 1 or Part 2, I	item 18.)					
MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR AM Month Day Year (1 either, natify medical examiner) P.M.		,		•					
₩E	2 d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTOR	Y) 21f. LOCATION SI	reet ar R.F.D. No.	City ar Tawn	County State					
	While Not while at work OFFICE BUILDING, ETC.	1								
П	220. I certify that (I) (this hospital) attended the deceased sow the deceased alive on 6/23	from 6/21	, 1968,	, to <u>6/24</u> , 19.	GS-, that (I) (we) lo					
Н	sow the deceosed olive on 6/23 195 couses stated above (i) ((we) (did) (did not) view the book	ond that in (my) (our) opinion	deoth occurred on the do	te and hour and from th					
	226. SIGNATURE	dy otter deom.		72,	DATE SIGNED					
		O DEGREE PHYS	DING MED DIRECTO	STAFF	+168					
	22d. PHYSICIAN ST		DDRESS	× - 1112 - 6/2	-1(-)					
	NAME (Type) SIDNEY J. MALAWER, M.	.D. 821	.8 Wiscon	sin Ave. Bet	chesda, Md.					
23a		METERY OR CREMATORY	23d	LOCATION (City or Town)	(County) (State)					
	Cremation 6/26/68 Cedar I	Hill Crem	natory Su	itland, Pr.						
24	FUNERAL DIRECTOR 755 PODENIS		2So REC'D BY REG	1968 2Sb. PSECKTRAR'S	SIGNATURE					
L	Robert A. Pumphrey, Bethesda,	, Marylar	Id BARUL - I	1300	10					

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compressly filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Page: 1 and 2 shauld be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed Page 4 may be retained by the haspital or attending physician.

githin 24 haurs after death

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

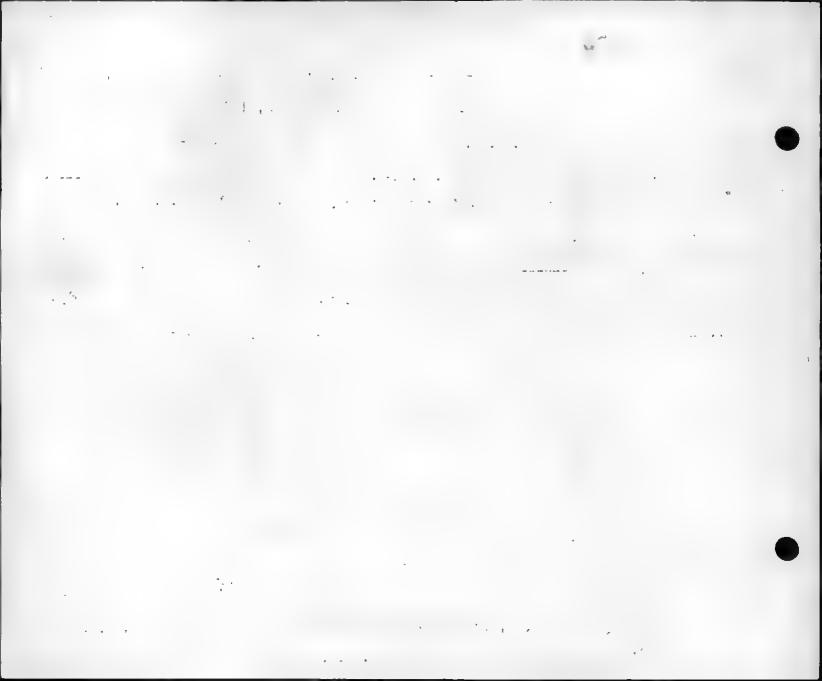
	1057	0			ERTIFIC	CATE OF	DEATH				
	EASED-NAME	First		Middle		Last		2a DATE OF D			2b. HOUR
{Iγ	pe or print)	MARY			B	ERNSTE	EN	June	Month 3 Do	1968	S To M
3. SEX			4 RACE			S. DATE OF			6. AGE (In years	1F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MIN
	Female		W	hite		Febru	ary 22,	1884	lost birthdoy) YRS.		HOOKS WIN
7o. Bl	RTHPLACE (Stote of	or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8 MARRIED	NEVER MA	RRIED 9.	COUNTY OF I	EATH		1
	Russia_		U.S.	Α.	WIDOWED			Montgo			Md
10 CI	TY OR TOWN OF D	DEATH		AME OF HOSPITAL OR INS street address)	TITUTION (if	not in hospital			Kind of work done fe, even if rétired)		BUSINESS OR
	ilver Sp		1	220 E. W.	Hwy.		H	ousewi:	e		
₹3o. l admis	SUAL RESIDENCE (sion) STATE **	(Where decease	ed lived, if institut	an Residence before	13c. CITY O	R TOWN	13d. INSIDE CITY LIMIT YES X NO		ET AND NUMBER		
				Montgomery					E.W. Hw	у.	
14. F#	ITHER'S NAME	First	Middle	Last		S. MOTHER'S A	NAIDEN NAME Firs		Middle		Lost
		Jonas		Ausland			Es	ther			Bolin
16a. Ye	WAS DECEASED EVI	ER IN U.S. ARM I {If yes give w	ED FORCES? or or dates of service)	16b SOCIAL SECURITY N		INFORMANT			Address		
_	s, no, ar unknawn)	-		None		larry l	<u>Bernsteil</u>	n	same as		MATE INTERVAL
- 1		EATH (Enter and TH WAS CAUSED		ne far (a), (b), and (c).)	* * *						ONSET AND DEATH
	PAKI I. DEAI	, IMMEDIA	TE CAUSE (a)	F-12 /2	y. 40	10,000	Aller.	QE:		×	14. 14.
	410	/		AS A CONSEQUENCE OF							
	Canditians, if any rise to immediat			MISRIL L	w. F. r.		v - p free -	4/(1)	17/2	/.	Y. 12 3
_	stating the unde	rlying couse	DUE TO, OR	AS A CONSEQUENCE OF							
- 1	Dost. (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(p)										
- 1											
Š	19g. DATE OF OPER	ATION 10h (ION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b IF YES, WERE FINDINGS CONS							CONSIDERED IN C	EDTIEVING
CERTIFICATION	ITO. DATE OF OFEK	AllON 170.	LUNDITION FUR THE	IICH OFERALION WAS FER	YES [20b IF YES, WERE FINDINGS CONSIDERED IN CER CAUSES OF DEATH?			
ERT.	27a ACCIDENT W	AC LINDEDIALIN	G 21b. TIME O	E INTERV	21/ 1	_		ature of incom	in Part 1 or Port 2,	Itam 191	
	OR CONTRIBUTING	CAUSE OF DEAT	HOUR A.M.	Month Day Yeor	2101	IOW INJUNT	CONKER TENIES II	MINIS OF HIDO	(ii Full 1 0) Full 2,	, 116111 10.)	
	(If either, notify n 21d. INJURY OCCL			2 AT HOME FARM STREET FAC		OCATION SE	act or DED No.	Colve	r Town	County	State
	While Not what wark at wo	hile	PLACE OF BIJOKT	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	211 1	OCATION SIN	sal of K.F.D. No	City	i (OWII	County	Jidie
			is basnital\ att	ended the decease	d from	J. 1 = 1 1	10 67	/ to .		D. M. that	t (I) (wa) last
- 1	saw the	deceased a	ive on	<u> </u>	9 <u>43</u> , ar	d that in (r	ny) (aur) apini	on death or	curred an the d	ate and hour	and from the
Ŀ	causes st	ated abave	<u>, (I) (</u> we) (did)	(did nat) view the t	oady after	death.	,,,,,,				
	22b. SIGNATURE	PO N	1X int.	2)	* .	ATTEND	ING MED). 🗆	CTAFF	. DATE SIGNED	
	· m -//	- 4/1	A / water	- * '	¹≒-¿) DEG	REE PHYS	ا DIR	ECTOR L	PHYS. 🗀 🤍	" ster ?	1465
	22d. PHYSICIAN'S NAME (Type)		TK. Keiz	HMAR A	አ	22e. AD	DRESS	W	ASKA AV	ENUE A	U
_			N.W.	Log Danie of	CELETERY OF	CONTACTORY		Of L LOCATION		16 11	6 1
230	BURIAL, CREMATIO REMOVAL (Specify) Burian			23c. NAME OF C					(City or Town)	(County)	(State)
	Burian UNERAL DIRECTOR		urie 0, 1	968 Rivers	rde Ce	metery	25a DECEMBA	REGISTRAD	lle Park	S SIGNAT IPE	
	ONERAL DIRECTOR		. 3	ADDRESS			13. "JUN	P. 18	368 REGISEAR	corles &	wigh

4217 9th St. N.W.

DATE

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye rarban papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after **FO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician.

Goldberg Funeral Home



OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY MONTEOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) HYATTSVILLE TAKOMA PARK d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? WASHINGTON SANITARIUM AND HOSPITAL 2005 CHARLESTON PLACE YES NO 3. NAME OF Month Middle DECEASED OF (Type or print) DEATH JUNE 19 68 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months Days House CAUCASION 1890 MALE WIDOWED [DIVORCED I JITT.Y 10b. KIND OF BUSINESS OR INDUSTRY 11 BRTHPLACE [County & State, or foreign country] 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work dona dunnamost of working life, even if retired) ITALY. TISA 13. FATHER'S NAME I 14. MOTHER'S MAIDEN NAME DOMINICA FRANCI**SCO** BIANCANIALLO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yas, no, or unkown) | (Ifyes giva war or datas of sarvica) MR. ANTHONY BIANCANIALLO 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate causa DUE TO (a), slating the underlying PART I. OTHER SIGNIF CANT COND TIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 16) . WAS AUTOPSY PERFORMED? NO D 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) factory, streat, office bldg., atc.) While Not While at work at work M, from the causes and on the date stated above. ., and that death occured at saw the deceased alive on 22b. DATE ATTENDING PHYS. PHYS. DIRECTOR MD FUNERA: rector, page 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) 23a. BUBIAL, CREMATION, , 23b. DATE THEREOF REMAYAL (Spacify) HEAVEN CEMETERY 0 REC D BY REGISTRAR , 256. REGISTRAR'S SIGNATURE VR A15 (4) ■M 9/■



Pages 1 and 2

death.

IO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be_executed within 24 hydi

Page 4 moy be retained by the hospital or ottending physician.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

					CLIVIII	KAIL OF DE	.7111					
	ECEASED-NAME	First		Middle		Last	20	DATE OF DEATH			2b. H	HOUR
(1	(ype ar print)	John		Wagner		Blocher		Manti	6 Day	24 Year 6	89:1.	5A4
3. SE	X		4. RACE			S DATE OF BIRTH		6 AGE (I	n years	IF UNDER I YEAR	IF UNDER	
	Hale		White			11-12-1	904	lag bir	thday) YRS.	MONTHS DAYS	HOURS	MIN
7o 8	BIRTHPLACE (State or f	oreign 7	b. CITIZEN OF WH	AT COUNTRY?	8. MARR	IED 🕇 NEVER MARRIED	□ 9 CC	OUNTY OF DEATH				
WY	mington,	Del	U.S	5.A.	WIDOW		Н	lontgomery	7			Md.
10. 0	ITY OR TOWN OF DEA	TH		ME OF HOSPITAL OR IN	STITUTION	(If not in hospital		CUPATION (Kind at		126 KIND OF	BUSINESS	
_	hevy Chas					-Residenc	aning mast G	f working life, even	if retired)	INDUSTRY Navy	Dept	•
130 adm	USUAL RESIDENCE (WI	nere deceased					INSIDE CITY LIMITS?					
J. C.	Maryland		13M8HEgo	mery	Che	vy Chase YE	NO NO	4720 Hur	it Ave	N.W.		
		irst	Middle	Last		IS MOTHER'S MAIDE	NAME First		Middle		Last	
	Charles B	locher	C .			-				Mag	mer	
16a.	WAS DECEASED EVER		O FORCES? or dates of service}	16b. SOCIAL SECURITY	NO.	17. INFORMANT	Wife		Address			
	es, no, ar unknown)	fai has dian moi	or noves or service)			Mrs. Vivi	an W.	Blocher,	same		m #1	
	IB. CAUSE OF DEAT	H (Enter anly	ane cause per lin	e far (a), (b) and (c).	.)	h 1		1 -			OMATE INTERV	
	PART 1. DEATH \	WAS FALISED			200	enterling	Jans	James Li	and .	-	Jares	
	2305	IMMEDIATI		S A CONSEQUENCE OF	7	1	2700		1		-	- 4
	Canditians, if any, w	hich gave)	7 July 10, 0K A	LA CONSEQUENCE OF	in Va	a Salabia	Til	a una da	Banin	15	mon	The
	rise ta immediate c	ause (a),	(b)	S A CONSEQUENCE OF	mu.	repair	· juga	e arcae	K KIMEN	1	1-216	ar ver
	stating the underly	ing cause		S A CONSEQUENCE OF		/	0					
		IDICANT COND	(c)	INC TO SEATH BUT II	OT DELATE	D TO THE TERMINAL DIS	TACE OD COND	STICKL CITYEN IN DART	1/-1			
		IFICANT COND	IIIONS CONTRIBUT	ING TO DEATH BUT IN	OI KEDATE	D TO THE TERMINAL DIS	SEASE OKTORD	HION SIVEN IN PAKI	ι(α)			
S	スペクン 19a. DATE OF OPERATION	ON TIBLE	MIDITION COD WILL	CH OPERATION WAS PE	DEODMED	20a. AUTOPSY		JOHN IE VEC JUEDI	C SIMPLINES C	ONCIDEDED IN (CEDTIEVING	
CERTIFICATION	TYO. DATE OF OPERALIS	C) IYB CC	NUTTION FOR WHI	LIT UPEKATION WAS PE	CAUSES OF DEATH?				ONSIDEKED IN C	EKTIFTING	,	
RTE	5-2/-6	<i>i</i> 0	Jauna	ace		YES 🔀	№ □	MD:				
	21a. ACCIDENT WAS		HOUR A.M.	Manth Day Year		c. HOW INJURY OCCURR	ED (Enter not	ure of injury in Part	i ar Part 2, I	Item 18.)		
MEDICAL	(If either, natify med	lical examine	r) P.M.	1	9							
W	21d. INJURY OCCURR While Nat while at wark at wark	ED 21e. P	LACE OF INJURY	AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY,) 21	f LOCATION Street or	R.F.D. Na	City or Tawn		Caunty	S	tate
			hornia-U meta	nded the decay	ad fram	701- 13	10 60 8	to Period 1	2 2/ 10	10 tha	+ /1\ /	l-last
	saw the de	rensed als	re on	ne occusi	9	and that in (my) 4	_ , 17.46.261_ our)- oniniar	n death accurred	on the do	te and hour	and fro	m the
22a. I certify that (1) (this hospital) pttended the deceased from 106 9, 1968, to Westle 24, 1968, to saw the deceased alive an 1968, and that in (my) (our) opinion death accurred an the date and had causes stated above, (1) (well did) (did not) view the body after death.										no ana naoi	dila ira	1111
	22b. SIGNATURE		11	00	2 6	1	4		22c.	DATE SIGNED		
	1 /h	mas	14.11)	Varian	MAG	ATTENDING PHYS	MED.	TOR STAFF	06	-54.	-68	
	22d PHYSICIAN'S		· · · · · · · · ·	W product	777	22e ADDRESS		11 04	2. 1	-1-	1	0
	NAME (Type)	Thomas	A. Wil	dman. M.I).	203	2-16	XI.	Nill	1. Was	2/1.1	25
230	BURIAL, CREMATION,	23b. D/				OR CREMATORY	73	d LOCATION (City or	Town)	(Caunty)	(State	
200	REMOVAL (Specify)		27-1968			eaven Ceme		, , ,	,	4	,	/
24	FUNERAL DIRECTOR	<u></u>	1-1700	ADDRESS	- AL	120	. REC'D BY RE	GISTRAR 25h	REGISTRAR'S	SIGNAL RE		z Co
J.	oseph Gaw	ler's	Sons. I			c. Ave.	JIUN 2	7 1968	Ocho	Man Cu	der	
W.	ashington	. D.C.	. 2001g	/		TOA	FOALL M	1 1000	1	- V	1	

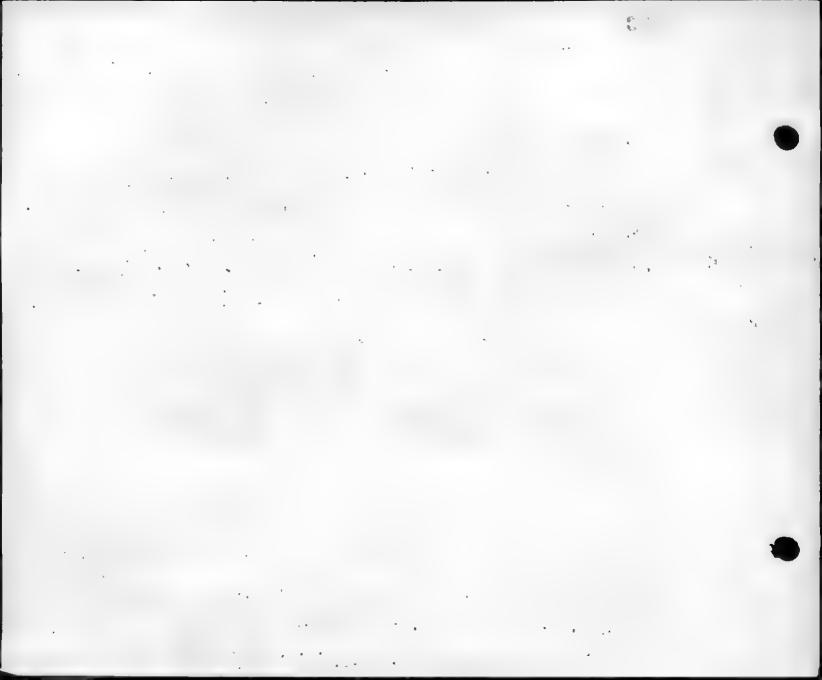
TO FUNERAL DIRICTOR: After this certificate has been signed by the attending physician and completely filled in a true taneral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to Lurial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68



Wash

VR A15 (4) 30M REV. 1/68

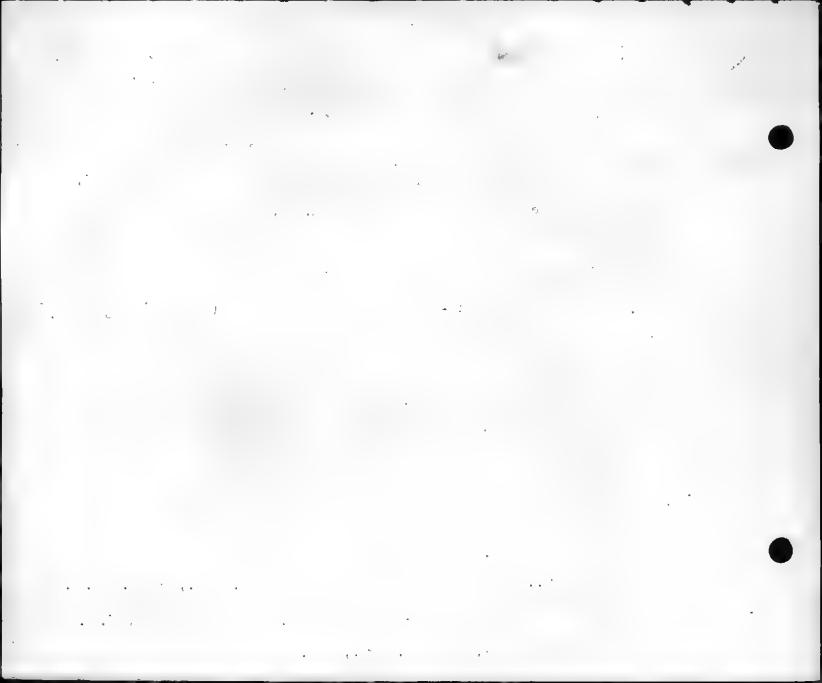
Danzansky



VR AI5 (4)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

				-	OEK III IC	<i>(</i> (1)	C OI DEVIII						
	1,	PLACE OF DEATE	1			1	2. USUAL RESIDENC	E (Where			tion: Resi	dence before ad	lmission)
		Montgon	nerv		MARYLA	MD	a. STATE Maryland			b. COUNTY	taan	0.000	
	*****	b. CITY OR TOW	N (if outside corpora	te limits,	c. LENGTH OF STAY I								
		Wheaton	and give nearest tow	in)			Wheaton						
				ON (if not in h	ospital, give street add	iress)	d. STREET ADORESS 6. IS RESIDENCE						
71		11301 M	apleview I	Drive			11301 Map	levie	ew Dr	ive		ON A F	ARM?
	3.	NAME DF DECEASED	FI	ırst	Middle		Last	4. DAT	E	Month		Oay Yea	
1		(Type or print)	Nata	le	Vincenzo		Bottari	OF DEA	TH	June		9. 19	68
/	5.	SEX			NEVER MARRIEO		B. DATE OF BIRTH		9. AGE (II	vears I IF	INDER 1 Y	EAR IF UNDER	
		Male	White	WICOWEO	OIVORCED	Ħ١	Jan. 25, 19	903	65	rthday) Mc	nths Da	ys Hours	Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY					11. BIRTHPLACE (Co		ite, or foreig			ZEN OF WHAT		
	Tailor			Italy					TRY? S.A.				
	13. FATHER'S NAME				14. MOTHER'S MAID	EN NAME							
	Joseph Bottari						Teresa Po	taliv	0				
	15.	. WAS DECEASED	VER IN U.S. ARMEO FO (If yes give war or dates o	RCES? 16.	SOCIAL SECURITY NO.	17.	INFORMANT			Address			
	(10	No.	(11 Jez flise war or garez r		3~24-0047	T.	eonilda Bott	tari (Wife	1130)1 Ma	plevie	w Dı
	1		DEATH [Enter only on		ine for (a), (b), and (c).			Jer I I	11 110)	-Whe	aton	NTERVAL BE	TWEEN
	П	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARTIERY ACCRETE										ONSET AND I	
	DUE TO CA CA											JYM	—
		Cenditions, If		(b) (1)	morine	m	2-2-1-1	7:			1 :	REJOAN	2
		gave rise to cause (a), si			, /	1 1	in a	1				- 4240	
		underlying caus		(c)_ (N	edine of	de	lune -Cl	nous	ie			year	2
	FICATION	PART II. OTHER S	IGNIFICANT CONDITIO	ONSCONTRIBU	TING TO DEATH BUT NO	TRELA	TEO TO THE TERMINALD	ISEASE CO	ONDITION G	IVEN IN PAR	RT 1(a)	19/ WAS AU PERFOR	
).	ICA	121										_	NO W
	CERTIF	2Da. ACCIOENT OR CONTRIBUTI	WAS UNCERLYING THE	20b. (ESCRIBE HOW INJURY	occu	RREO. (Enter nature of	injury in	Part I or P	art II of It	em 18.)		
	, ,	(IF EITHER, NOT	NG CAUSE OF DEA	NER)									
	MEDICAL	20c. TIME OF I	NJURY Month, Cay,			e. PLA(CE OF INJURY (Home, fa ry, street, office bldg., et	rm, 20f.	(City or 1	town)	(County	(S	tate)
	E E	71001 2,11 p.r		While at work	Not While	10000		,					
		21. I certif	y that (1) (this hose		ed the deceased from	m	1965 , 19), t	06-	1-	1968	that (I) (w	re) last
	Ш		eased alive on	muse 1	19 6 8, and	d that	death occurred at-			causes and			
	Ш	22a. SIGNATU		00	- 4		ATTENOING	MEO.	STAF	1	2b. DATE		118
			Mylece	4.7	orine.	M.0.	. PHYS. LIES C	PIRECTOR	PHYS	s. D	-	10-19	60
1		22c. PHYSICIA NAME (Ty		ugene	Forcione		22d. A00RESS 2100 Cor	. n A	770	Wash	D	C	
	23a	. BURIAL, CREM	4	THEREOF	23c. NAME OF CEM	FTERY				(City, town			ate)
1		REMOVAL (Spe	clfy)	1968						,		.,	
K	24.	Burial FUNERAL DIRE	CTOR 12 JUI	1 1700	Fort Lir	100.	25a. REC	O BY RE	GISTRAR	gton.	STANKS G	NA URE	-
1		Rinaldi 1	Funeral Ho	me 7	400 Ga. Av		NW DATE	I NU	4 10p	0		0	
		rangia.	e diterar ile	TIJO 4 1	TOO Ga. AV	<u> </u>	TAM I DUE						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1968

1		88575	DIVISION OF	VITAL KECUKDS, 3		TE OF D	•	NUKE, MA	KTLAND ZIZUI		r	()
		CEASED-NAME Type or print) DORO	First THY K	Middle 135/NG5		Lost RIDG,		2o. DATE O	F DEATH June	Doy	1920 Yeor	2b. HOUR
	3. SE:	FEMALE	4. RACE			DATE OF BIR	TH _	1902	6. AGE (In years lost birthday)	IF UNDER MONTHS		F UNDER 24 HRS. HOURS M.N.
	coun	BIRTHPLACE (State or foreign	U.S.		MARRIED [DIVORC	ED 🗍		TGOME			Md
	1	CITY OR TOWN OF DEATH COCKUIS USUAL RESIDENCE (Where d	15 guye s	TO MAL VALLE	NORSIN	4 Hora	during mos	of working	I (Kind of work do life, even if retired TREET AND NUMBER	d) INDI	KIND OF BU	ISINESS OR
, ·	odm	STATE MARYL	13b. COUNTY	ISNTGOTICRY	BETHE	SDA	YES 🔀 NO	□ <i>45</i>	26 AVON	ORLE	- S7	
		FATHER'S NAME First	A Middle	MISSINHE	R		DEN NAME Fir	51	Middle	HEN	NES	LOST SEY
		NO	s give war or dates of service)	214-36-2		ormant une 1	Bridge	moul	Address 6		En flo	Tr INTEDUAL
		18. CAUSE OF DEATH (Ent PART 1. DEATH WAS C IM. Conditions, if ony, which grise to immediate couse stating the underlying colost PART 2. OTHER SIGNIFICAN	A JSED BY MEDIATE CAUSE (o) DUE TO, OR A (o) (b) DUE TO, OR A (c) (c)	S A CONSEQUENCE OF	cas	Ali.	Jesel Chi.		Lessone Lento Ref la EN IN PART 1(0)	2	BETWEEN ONS	T AND OCATH
7	TMCATION	190. DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERI	ORMED	20o. AUTOP	NO 🌠		F YES, WERE FINDING S OF DEATH?	GS CONSIDER	ED IN CERT	TIFYING
	MEDICAL CERT	210. ACCIDENT WAS UNDE OR CONTRIBUTING CAUSE C (If either, notify medical e 21d, INJURY OCCURRED	DE OEATH HOUR A.M.	Month Doy Yeor		INJURY OCCU	•	,	ury in Port 1 or Port	2, Item 18.		State
		ot work of work 22a. I certify that (!)		ended the deceased	fram	hot ico my	, 19 &) (our) opin	7, ta_ ion death	occurred on the	19 6 8 date onc	, that (I hour or	l) (we) last and from the
		22b SIGNATURE 22d. PHYSICIAN S NAME (Type)		- Pagar Formui Pe	DEGREE POULCE	ATTENDING PHYS.	ESS	D RECTOR	STAFF PHYS.	J. Va	15-	-68
	230 /	BJRIAL, (REMATION, REMOVAL (Specify)	23b DATE /26/6	8 231 NAME OF CI					ON (C ty or Town)	(Соит	ıly)	(Stote)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove-carban papers. Pages I and 2 shauld be state Dept. af Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death. VR A15 (4) 30M REV, 1/68

ecuted within 24 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician.



2 dalloy

necessary, please execute the certificate, writing the ward "pending" in pencl in Item 18. Give Pages 1, the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office alang with farm

This certificate should bill executed within 24 hours after death

SICAL EXAMINER:

TO DEPUTY

FOR STATE HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	300	Þ	٦,	
			- 4	

126 KIND OF BUSINESS OR INDUSTRY John

Drake

APPROX MATE INTERVAL BETWEEN ONSET AND DEATH

Md.

20. AJTOPSY? YES [

State

and in my apinian

(State)

County

0 3 6 5 70	•	- 1-	
DEC	T.		DECEASED NAME (Type or Print) OF ESTI- First Middle Read ST Lost 20 DATE KNOWN Month Day OF ESTI- O
T		-	3 SEX. 4 RACE S DATE OF BIRTH 6 AGE (in years F UNDER 1 YEAR IF JANDER 24 HRS 2c DATE PRONOUNCED DEAD
I			M Cauc 18 Sept. 1911 56 YRS MONTHS DAYS MOURS MIR MOCH PER YE
R.			70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
9		ď	rountMarion, Ohio U.S.A. WIDOWED DIVORCED Mentagmen
Şţa	17	2	O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital like Usual Occupation (kind of flork done like kind of flork done like
t a			Silver Spring 413 Burnt Mills Hvenne { Lectronic { Ingineer Hopk
pages I and 2 with the State Dep	after death	1	130. USUAL RES DENCE (Where deceased fived, if institution Residence before 13c. CITY OR TOWN 13d IMMOSE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY MONTO. SILVER SPRIYES NO 111 HI3 BURNT MILE
¹ d 2	p Ja	, <u> </u>	4 FATHER'S NAME First Middle Cost Is MOTHER'S MAIDON NAME First Middle
<u>,</u>	-		Elmer Lewis Brobst Lulabelle Breakly
oges	haurs	h	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT 4/3 450 BEEST Mill
			(Yes, no, or unknown) (If yes give war or dotes of service) ues Mrs. Dorothy Brobst Silver Spring.
7.	event within 72	ľ	18. CAUSE OF DEATH (Enter only one cause per in far (a), (b), and (c) }
ermi	<u>**</u>		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Leneralized (areinomalores
<u>a</u>	ent		DUE TO, OR AS A CONSEQUENCE OF
rans	- a		rise to immediate cause (a), (b) due les Cancinomas of Jung
burial-transit permit.	in any		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF
- P	0		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)
0 3 0	remaval, and		· · ·
pag	000		190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2.0 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 3 or Part 2, Item 18.)
be used	Le La	3	WAS PERFORMED?
2	Б		2.0 EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year PORT OR CONTRIBUTING HOUR A.M. 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item IB.)
nies. 3 shauld	Ē		CAUSE OF DEATH P.M. 19
	crematian,		WHILE NOT WHILE factory, office building, etc.)
오흔		1	AT WORK AT WORK
10%	DLIG		220. I certify that I taak charge of the remains described above held an Autopsy , Inspection , Inquiry , and death resulted trops. Natural causes , Accident Suicide , Homicide , Undetermined manner
REC.	0		
may be retained for your FUNERAL DIRECTOR: Page	priar to burial,		ACTUAL SIGNATURE Delse ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED
ER De		3	EXAMINER'S TO DEPUTY MED CAL PRAM NER 1
E E	ealth		NAME (Type) SELDEN / YEAR MIL) ADDRESS STEEL PLANTING OF THE
^ <u>P</u>	Ĭ		23d BUR AL CREMATION, 23b DATE 23c NAME OF CEMETER OR CREMATORY 23d LOCATION (City or Town) (Count REMOVAL (Specify)
		Bu	wial 24 June 1968 Marion Cemetery Marion Ohio

4 Georgia Juenne

VR A15ME (5) 10M REV 1/68

FUNERA

DIRECTOR Lee

2So. REC'D BY REGISTRAR 25b.

REGISTRAR'S SIGNATURE

(County)



MARYLAND STATE DEPARTMENT OF HEALTH

35582

1968 HOURS

126 KIND OF BUSINESS OR INDUSTRY NA

Beltsville, Md APPROX MATE INTERVAL HEAD ONE TECHO NEEDER

IGS CONSIDERED IN CERTIFYING

County

June 1968

DATE UN 12 1968 256

Md. (County)

Lost

State

that (I) (we) lost

(State)

e date and hour and from the

2b. HOUR

Md.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICATE OF DEATH	
1. DECEASED-NAME First (Type or print) Max	ry I. BROSEY	Lost	20. DATE OF DEATH
3. SEX Female	4. RACE Caucasian	s date of birth 5 JAN 1905	6. AGE (In years SS birthday) YRS.
70. BIRTHPLACE (Stote or foreign washington, D.C.	7b. CITIZEN OF WHAT COUNTRY? USA	8 MARRIED NEVER MARRIED NEVER MARRIED DIVORCED	9. COUNTY OF DEATH Montgomery
o CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN grant to the thoronto.	ital during m	AL OCCUPATION (Kind of work done as proving life eyen if retired.)
13a. USUAL RESIDENCE (Where decease	d lived, if institution. Residence before		13e STREET AND NUMBER 4508 Yuca St.
14. FATHER'S NAME First Obie Ric	4	IS. MOTHER S MAIDEN NAME F Unknown	irst Middle
160. WAS DECEASED EVER IN U.S. ARMI Yestpo, or unknown) (-f yes given)	ED FORCES? AN dates of service) This provides of service This provides of service This provides of service to the service to t		4508 Yucca St. Belt
17711	DUE TO, OR AS A CONSEQUENCE OF (b) Chronic He DUE TO, OR AS A CONSEQUENCE OF (c) DITIONS CONTRIBUTING TO DEATH BUT N	emorrhage	CONDITION GIVEN IN PART 1(0)
196 DATE OF OPERATION 196 C	ONDITION FOR WHICH OPERATION WAS PI	RFORMED 200. AUTOPSY? YES 2 NO	206 IF YES, WERE FINDINGS CONSIDERS CAUSES OF DEATH? Yes
OR CONTRIBUTING CAUSE OF CEATH	HOUR A.M. Month Day Year	9	r nature of injury in Part I ar Part 2, Item 18. City or Town Count
22a. I certify that (1) (this law the deceased of causes stated above	s hospital) attended the deceasive att_dine (i) (we) (did) (did)c ot) view the	ed from 25 May , 190 190 , and that in (my) (our) op bady ofter death.	6 , to 4 June , 160
22b. SIONATURE	M.I	OTOKEE PHIS	AED STAFF 22c. DATE SIGNRECTOR PHYS. 5
22d. PHYSICIAN'S NAME (Type) S.F.]	DOVI LT MC USN		ospital, Bethesda, 1
23a BUR AL, CREMATION, 23b D		cemetery or crematory	236 LOCATION (City or Town) (Court Arlington, Va.

ADDRESS

Laurel, Maryland

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled indirector, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papersh shauld be filed with the State Dept. of Health prior to burial, cremotian, or removal, and in any event, within 72 h VR A15 (4) 30M REV. 1/68

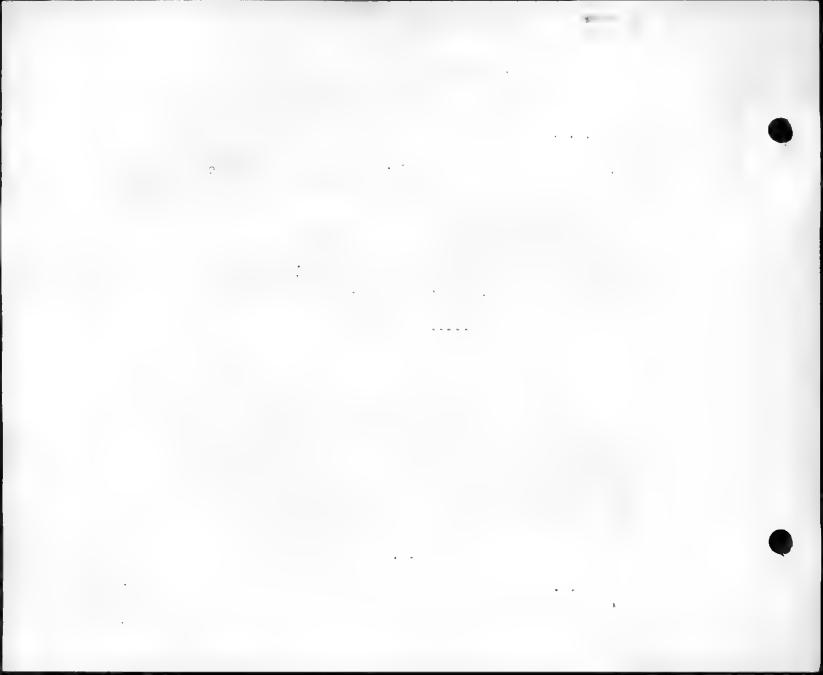
24 FUNERAL DIRECTOR

Donaldson's

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

Page 4 may be retained by the haspital ar attending physician.

TO HOSPITAL OR



Donaldson's Funeral Home, Laurel, Md.

1968

VR A15 (4) 30M REV 1/68



1		C 5270	DIVISION O				ARTMENT OF STREET, BALT		DVI AND 1	1201		- 4, 1	
FOR STATE		00064	DIVISION O				RTIFICATE			11201	_	BAT	
HEALTH DEPT.		ECEASED-NAME ype ar Print)	First ADOLP		Middle NMN		XORONGE.		20. DA1	TE KNOWN EST,- TH MATED	Month Da	Yeor	2b HOUR
of sold of the sol	3 SE	X 4 8	WHI TE	DATE OF BIRT	TH 6	AGE (in years	MONTHS DAYS	IF JNDER 24 H	RS 2c DAT	E PRONOUNCED	DEAD Day	Year 19 68	2d 400R
form PN		BIRTHPLACE (State or try) KY	fareign 7b (TITIZEN OF WHA	AT COUNTRY?		RRIED PNEVER MAI	RRIED 7	COUNTY OF MONTG			13	1 D.W.
Page Mith Sta	10.	PARODA PAP	YK .	11 NA give st	ME OF HOSP TAL C		(if sot in hospital	120 USUA		N (Kind of work g life, even fre	k done 12b etired.) IND	KIND OF BUSTRY	SINESS OR
after 8. Girls glang	13a.	USUAL RESIDENCE (V Imission) STATE	there deceased	ived, if not but 3b COUNTY P	tian Residence by	tare 13c (TY	OR TOWN	4 INSIDE CTY LIMIT	5? 13e. ST	REET AND NUMB	ER		i willo
offer of the property of the p	14. F	ATHER'S NAME	WI ILIAM	Middle		ast RONGE	15 MOTHER'S MAII	DEN NAME	HELEN	Bengin	aer XI	DN21GN	r Ŕ
within 24 pencil in xaminer's ile pages 72 hours		WAS DECEASED EVER IN es, no, or unknown)	U.S. ARMED FORC	ES?	166 SOCIAL SECURI		7 INFORMANT	THE P		ADDRESS			++ . M
		1B. CAUSE OF DEA PART 1. DEATH	JH (Enter only or I WAS CAUSED BY IMMEDIATE (AUSE (a)	Clu	(e)	bru	rary	Ins	uffle	cien	APPROX MATI BETWEEN ONSET	
shauld be executed "ne ward "pending" in ta the Chief Medical Eburial-transit permit Fi in any event within		Canditions, if any, inse to immediate stating the under-	couse (a), ((b) DUE TO, OR	AS A CONSEQUENCE	oace	wrotec	No	act	100	iso	eso.	+
certificate shauld writing the ward irwarded ta the C. used as a burial-tr noval, and in any		PART 2 OTHER SIGNI	FICANT CONDITION	(c) NS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED	TO THE TERMINAL D	ISEASE OR CON	DITION GIVEN	IN PART 1(c)			
W W - W W	CERTIFICATION	19a. DATE OF OPERA	TION		19b. CONDITION FO WAS PERFORE		RATION		<u> </u>			20. AUTOPS	y? NO X1
The lifted of the lift be are	MEDICAL CERT	210 EXTERNAL CAUS PRIMARY OR COI CAUSE OF DEATH		216. TIME OF I HOUR A.N P.N		Year 2	To HOW INJURY OC	(URRED (Enter	noture of nji	ury in Parl 1 or	Port 2, Item	18)	
	MEI	21d. INJURY OCCURR WHILE NOT WHAT WORK AT WORK			it hame, farm, stre	et,	If COCATION Street	or R.F.D. No.	(1	ty or Town	(County	State
E E G S S S S		22a. I cer l deoth result	. / /	charge of th	ne remains desc es Acci	ribed abov	e, held an Auta	psy [], Homicide	Inspection Und	, Inq letermined π	uiry ,	ond in m	ny opinion
TY please y, please yal directs be retaine XAL DIRECT prior to b		ACTUAL SIGNATURE	Dike	lin	21	Ca		EF MEDICAL EXA ISTANT MEDICAL] 2	2b. DATE SIGI	NED	
ro DEPUTY necessory, the funera 5 may be ro FUNERA! Health pri		EXAMINER'S NAME (Type)	ELDE	N	P. K	EAS	M, D, ADD	UTY MEDICA. E	XAMINER OF CO	Junity) Ju	WE	2,19	768
70 10 10 10	23a	BURIAL, CREMATION, REMOVAL (Specify)	23b DAT		23c NAME 168 New		OR CREMATORY	eteru		ON (City or Town	ti		State) Ohio
VR A15ME (5) 10M REV 1,68	24 Wa	funéral director anea E. P	umphrey.	wolse	8434 (Da. Au	. S.S. M	25a, REC'D BY	Y REGISTRAR		Class SIGN	ATURE	Car.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 20. DATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR. and 2 (Type ar print) adse remave carban papers. Pages I anding any event, within 72 hours after 4. RACE IF UNDER 1 YEAR 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. requires that the death certificate be executed within 24 hours after physician and campletely filled in by the file places. Pages last birthday) 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED WIDOWED X DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work Jone 12b KIND OF BUSINESS OR during mast of wasking life, even if retired) give street address? INDUSTRY 13c CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b COUNTY NO Middle IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Last 5010 A. nes Burns 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Yes, na, ar unknown) cremation, ar remaval, APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH 6 days UREMIA IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Chrenic pyelenephritis & Chrenic glemerule-Canditians, if any, which gave burial-transit rise to immediate cause (a) nophritis DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES 🛖 for use Health r NO [210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED [Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY Manth Day Year OR CONTRIBUTING [CAUSE OF DEATH HOUR A.M. P.M. (If e ther, natify medical examiner) be detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark OFFICE BUILDING, ETC. 22a. I certify that (1) (this hospital) attended the deceased from June 27 sow the deceased alive on June 29 19 68, and that in (to June 30 1000 be retained by 19 68, and that in (my) (our) opinion deoth occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did pat) view the bady ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING June 30, 1968 director, page 3 shauld be filed v DEGREE DIRECTOR 11,000 Old Georgetown Road 22d PHYSICIAN'S NAME (Type) Robert E. Thibadeau Rockville, Maryland 20852 23c. NAME OF CEMETERY OR CREMATORY

drift1 23d LOCATION (E ty or Town) 23b. DATE (County) (State) 23a BURIAL CREMATION, B REMOVAL (Specify) Co. 2Sb. REGISTRAR'S SIGNATURE ADDRESS 25a REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 [4] Tyson Wheeler Fureral Tone 1 11 Rockville 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

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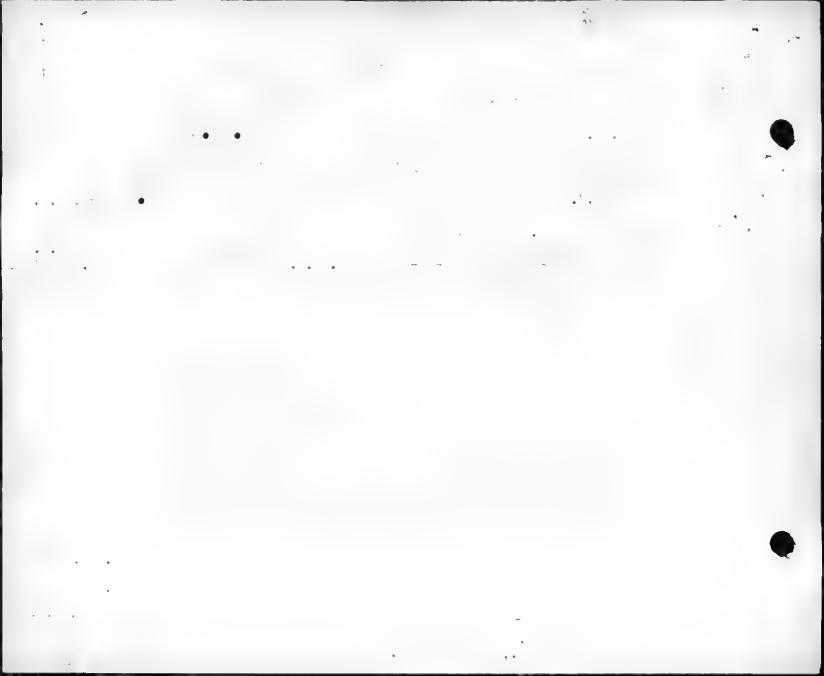
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME 20. DATE OF DEATH First Middle Cole Burns 2b. HOUR law requires that the death certificate be executed within 24 hours after death. Leonard J. Month (Type or print) Day Yeor 8 law 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. White lost birthdoy) Male 11-20-94 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED | NEVER MARRIED | country) Maryland USA WIDOWED DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in hospito 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street oddress[10ntgomery General during most of working life, even if retired.] INDUSTRY Olney event, wit 30 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY SIMITS? odmission) STATE Haryland 13b. COUNTY NO X Olney YES 🖂 Montgomer 15 MOTHER'S MAIDEN NAME Eirst Lillie 14. FATHER'S NAME Middle Middle Ward First losi Burna C. Leonard Address Olney, Md. 16b. SOCIAL SECURITY NO. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng ar unknown) (1) yes give wor or dates of service) Hospital Records 220 34 4849 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). BETWEEN GHESET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o' signed by the burial-transit p Conditions, if any, which gove? rise to immediate cause (o). DUE TO, OR AS A CONSEQUENTS stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART NO. as the hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) Į. OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased give an that (I) (week last _, and that in (my) (apinian death accurred an the date and have and fram the saw the deceased ative an_ causes stated abave, (I) ((a) (did nat) view the body after death. 22b. SIGNATURE 22c DATE IGNED. ATTENDING DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) Dr.Charles Ligon director, Should 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE (County) (Stote) REMOVAL (Specify) Jume 18 1968 St. Olner Mont. Barber 25o, REC'D BY REGISTRAR ADDRESS REGISTRAR S. SIGNATURE 1968

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30487 E8582 CERTIFICATE OF DEATH Lost 2a. DATE OF DEATH 2b HOUR DECEASED NAME First Middle death. Month 6 and (Type ar print) ROXIE JANI TA CACHERAT 9:30AM 68 IF UNDER 1 YEAR IF JNDER 24 HRS. 3. SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years lost birthday) 58 YRS. HOURS 1-15-10 WHITE FEMALE 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔳 NEVER MARRIED 🔙 requires that the death certificate be executed within 24 hol country) LLINOIS MONT GOMERY USA DIVORCED [WIDOWED [120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working ife, even if retired) INDUSTRY MONTGOME RY OLNEY NURSING HOME please remave carban GENERAL the attending physician and campletely sit permit. Then please remave carbar HOUSEKEEPER 13d. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER MONT GOMERY YES [NO w 2138 SPENCERVILLE ROAD SPENCERVILLE and in any Middle IS. MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle Last MARY WELCH JAMES RYAN /68 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) 28 MEDICAL RECORD DEPT. MGH crematian, ar remaval, APPROXIMATE INTERVAL 19 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: vacerebrat permit ORONER, IMMEDIATE CAUSE (a) Conditions, if ony, which gove) burial-transit rise to 1m mediate cause (a). DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse 65SenTia burial, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been priar ta ثبا œ 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 190, DATE OF OPERATION CAUSES OF DEATH? far use (YES 🔽 NO [S 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) HOUR A.M. GR CONTRIBUTING CAUSE OF DEATH Month Doy Year af œ P.M. (If either, notify medical examiner) be detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION State Dept. 21d INJURY OCCURRED Street or R.F.D. No. City or Town. County Stote ш While Not while at wark S EA 19 12 8 . that (I) (we) lost 22a. I certify that/(1) (this hospital) ottended the deceased from 42 L 1945, and that in (my) (aur) apinian death acturred on the date and hour and from the saw the deceased alive anshould œ causes stated abave ((1) (we) (did) (did not) view the bady ofter death. FOR 22b. SIGNATURE 22c. DATE SIGNED ATTENDING director, page 3 shauld be filed v DEGREE PHYS DIRECTOR 72e ADDRESS 22d PHYSICIAN S R NAME (Type) DONALD R. LEWIS. M. 700 CLOVERLY ST., SILVER SPRING, Mo. w 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a BJR AL CREMATION, 23b. DATE BREMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC D BY REGISTRAR VR A15 (4) 30M REV 1/68





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED NAME First Middle Last 2a DATE OF DEATH 2b. HOUR executed within 24 hours ofter death (Type or print) Month Day Year CAMERON JOHN NONE 68 IF UNDER 1 YEAR 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years last birthday) DAYS phylician and/completely filled in by the en please remove corban papers. Paggs oval, and in ony event, within 72 hours aff WHITE EMALE YRS. 9. COUNTY OF DEATH **76 CITIZEN OF WHAT COUNTRY?** 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED MONTG WIDOWED To DIVORCED [12a USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126° KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY give street address) 1AKOMA 13c CITY OR TOWN 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e INSIDE CITY LUMITS? 13b. COUNTY BURTOUSVILLE YES SAMOY SPRING RE 14. FATHER S NAME Middle 15 MOTHER S MAIDEN NAME First Middle Last ORD ANNIE DAVID AMERON 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT requires that the death certificate (If yes give war or dates of service) Yes, na. or unknown) HOSPITAL 027-07-0122 or removal APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) cremation, Conditions, if any, which gave) **burial-transit** rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Anemia Secondani Adenocarcinoma Storach O FUNERAL DIRECTOR: After this certificate hos been as the CERTIFICATION 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES THE NO [for use 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED State City or Town County While Nat while at work at work L 22a. I **certify** that (I) (this haspital) attended the deceased from 19 68 and that in (r 19 🚱, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive_on_ be retained director, page 3 should should be filed with the causes stated abave. (Dawe) (dia) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR STAFF DEGREE PHYS PHYS. 22e. ADDRESS Bu 226. PHYSICIAN'S Poge 4 may 3nsui MAME (Type) Joseph 23C NAME OF CEMETERY OR CREMATORY (County) (State) 23a BuRIAL, CREMATION, MOVAL (Specify) 2Sa. REC D. BY, RECOLUTE FUNERAL DIRECTOR VR A15 (4)

30M REV, 1/68



1	17t	TEMS 18-22 FILM 402 MARYLAND STATE DEPARTMENT OF HEALTH 15-68 2 MEDIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	790
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day (Type or Print) LAMES WAYNE CORNEY	Year 2b HOUR
3 ta 3 ta Page		JAMES WATER CATERLY DEATH MATER & 6 - 9	1968 M
delay and 3 M3. Pa	3 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (in years if JIDER 24 HRS 2c. DATE PRONOUNCED DEAD 11:11 UHITE July 3, 1924 143 yrs Months Days Hours Min Months Days Year	2d HOUR 01168 10:045
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		C. Wayne Carney	lession
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shauld be e se ward 'per a the Chief ! burial-transit		rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
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	CERTIFICATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	O AUTOPSY? YES NO
Thriftical	MEDICAL CERI		omitus.
	MEG		•
		AT WORK AT WORK K HOme Rockville Montgor	
CAL exe or. P or. P d fo d fo d fo		22a. I certify that I took charge of the remains described abave held an Autopsy Inspection I, Inquiry C a death resulted from: Notural causes Accident 20, Suicide , Homicide , Undetermined manner	and in my opinian
		ACTUAL CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE ACTUAL ACT	
		EXAMINERS D. DEPLTY MEDICAL EXAMINER DEPLTY MEDICAL EXAMINER D.	1968
o DEPL necessa the fun 5 may 0 FUNE Hearth	230	NAME (Type) DEL DEN DORES (Tree styllagers rounty) 30. BUR AL, CREMATON, 23b DATE 23c NAME OF CEMELRY OR CREMATORY 23d LOCATION (City or Town) (County)	(State)
		Bremoval (Specify) 6/12/68 Gate of Heaven Silver Spring,	Md.
VR A15ME (S)	24	Ty on heeler 1331 Rockville Pike 25g, RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE DATE JUN 13 1968 KCHarles	
10M REV VENI		Bookwille, Maryland	1



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle First 20. DATE OF DEATH Last law requires that the death certificate be executed within 24 hours after death (Type or print) Month brothe 3 SEX S. DATE OF BIRTH 6 AGF (In years signed by the ottending physicion oad completely filled in by the burial-tronsit permit. Then pleose remove corban papers Pages last birthday) Cauc. Apr. 8. 1906 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED (vitrue) DIVORCED NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR YOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired) 13a. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 🔀 Middle 1S. MOTHER'S MAIDEN NAME First Dorretta 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO. 17 INFORMANT Son Address Yes, no, or unknown) (It yes give wor or dates of service) Same ltem George as Carr 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been Health prior to CERTIFICATION 19a DATE OF OPERATION 20a AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO 📊 O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 27b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR AM. Month Day Year (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 2)a. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deseased from and that in (my) (aur) apinion death accurred on the date and haur and from the saw the deceased alive ancouses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE director, page should be filed PHYS DIRECTOR PHYS 22d. PHYSICIAN S 22e. ADDRESS 809 Viers Mill NAME (Type) Rockville. Marvland 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23a. BURIAL CREMATION (County) (State) Parklawn Cemeterv 6-11-68 Rockville, Maryland 24 FUNERAL DIRECTOR **ADDRESS** 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) < PUMPHREY, Bethesda, Maryland 30M REV, 1/68



ic ap and completely filled in by the funeral lease remaye carbon papers regals 1 and 2 and armany event, within 72 hours after death.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then should be filed with the State Dept of Health priar to burial, cremation, ar remayal

30M REV 1 68

Page 4 may be retained by the haspital ar attending physician.

to Hospital or attending Physician. The law requires that the death certificate be executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

DEATH

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	Female			Whi	ite		1	0/21/	54		lost birth	nday) YRS	MONTHS OAYS	HOURS MIN.
70	BIRTHPLACE (Stote or	foreign	7b. CITIZEN			8. MADDIE	D NEVER A			UNTY OF	DEATH	1111		
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14.	FATHER'S NAME Rai	nd al	L S	ldle •	Casw		IS. MOTHER'S	MAIDEN NAME	First ean			Middle	Ma	lass iller
	WAS DECEASED EVER		MED FORCES? yor or dates of serv		2 No		Mas. 9	ean Cas	wel	1 3		Spri		
Г	18. CAUSE OF DEAT	H (Enter on	ly one couse	per line fo	or (a), (b), and (c).)								CIMATE INTERVAL ORSET AND DEATH
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NO P	190. DATE OF OPERATI	ON 19b	CONDITION F	OR WHICH	OPERATION WAS	PERFORMED	20o A	JTOPSY?		20b. IF	YES, WERE	FINDINGS	CONSIDERED IN	CERTIFYING
CERTIFICAT	Ma1191	5/	Huds	000	Phal	ine	YES	NO F	7	CAUSES	OF DEATH	?		
ERI	210 ACCIDENT WAS	UNDERLYIN	IG 216. T	IME OF IN	IORY	21c		OCCURRED (Ent	_	re of iniul	ry in Port 1	or Part 2.	Item 18.)	
	OR CONTRIBUTING				Nanth Day Ye	or		,						
MEDICAL	(If either, natify me			P.M.	HOME, FARM, STREET,	FACTORY, 1 21f	IOCATION S	reet or R.F.D. N	No.	City	or Town		County	State
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	22h SIGNATUR	10 a		7	1800		ATTEN	IDING	MED. DIRECTO	DR 🗆	STAFF PHYS.		DATE SIGNED	>
	22d. PHYSICIAN'S NAME (Type)	John	n Th	ome	s ho	n.D	22e	DDRESS 10	15	500	Orin	95	Prozer	bud
230	. BUR AL, CREMATION,	23b.	DATE		23¢ NAME C	F CEMETERY	OR CREMATOR	7	23d	LOCATIO	ON (City of	Tawn)	(County)	(State)
	REMOVAL (Spenify)	24	ne 12	196	8 Balt	imore	Nat 1.	Comoto	O NI	R	altin	1020	Marula	ad
24.	FUNERAL DIRECTOR			134 G	e or chil			2So RECD	BY REG	ISTRAR	25b	REGISTRAR	S SIGNATURE)	eder.
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10 ... 13 76 17 a' · · · Ii ..nr 1 1: 1 pr. xx 2200 1 : urv • 81 n c* 11 232 . 116 .78 יי די אור יים וחומיית. דר מיניים ·i's nol. 1 · 12, F r r · r a tol 11 · 1 · 1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38593 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a DATE OF DEATH 2b, HOUR low requires that the death certificate be executed within 24 hours ofter denth death physicion and completely filled in by the funeral en please remove corban papers. (Type or print) Month and 968 n often 4 RACE IF UNDER I YEAR S. DATE OF BIRTH 6. AGE (In years DAYS last birthday) MONTHS I 7a. BIRTHPLACE (State or foreign **75 CITIZEN OF WHAT COUNTRY?** COUNTY OF DEATH 8. MARRIED NEVER MARRIED papers. hin 72 h WIDOWED DIVORCED [MONTGOMER MALIFORNIA within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done / give street address) during most of warking life, even if retired | INDUSTRY -ILUER PRING Ho ns W. event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 3d INSIDE CITY JIMITS? 13e STREET AND NUMBER FOOD SEEU. admission) STATE (13b. COUNTY YES TIK STGOMS? ANSDOMINE (1) cremation, ar removal, and in any 14. FATHER'S NAME Middle Last MOTHER'S MAIDEN NAME First Unknown Unknown 16b. SOCIAL SECURITY NO. 2014 Address Adown Way 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes na, ar unknown) (If yes give war or dates of service) Roberca M honault Sillwer Snaina signed by the ottending phy buriol-tronsit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) (anditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF ottending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) as the O FUNERAL DIRECTOR: After this certificate hos been 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO [21a. ACCIDENC WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M (If either, notify measa examiner) detached 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21e PLACE OF INJURY County State City or Town OFFICE BUILDING, ETC. While Not while at work director, page 3 should be de should be filed with the Stote 22a. I certify that (I) (this haspitol) attended the deceased from _______, 19 6 7, ta ______, 19 6 8, that (I) (we) lost sow the deceased alive on _______, 196 8, and that in (my) (eur) apinian death accurred an the date and hour and from the couses stated obave, (1) (we) (did) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Mexton L. White 9911 Georgia Ave. Silver Spring. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION. (State) REMOVAL (Specify) Kockville, Maryland Parklama Comotory 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 30M REV. 1/68 Pumphrey. Inc. DATE JIN

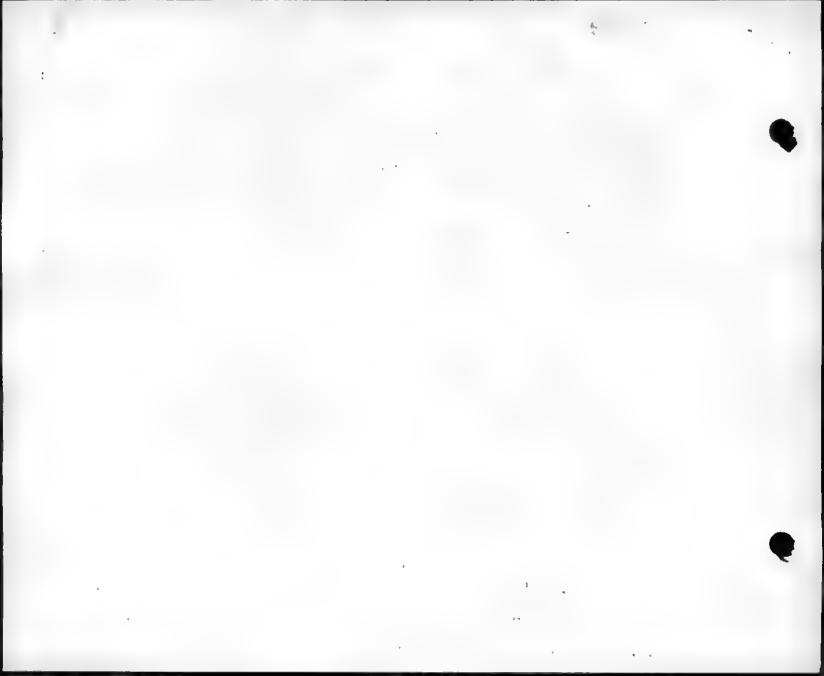


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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~ 4		CEASED-NAME First		M₁ddle		Lost		2o. DATE OF			2b. HOUR
DE SE	. (1	ype or print) Eu	com Tere	sa	CHESS	ON			163th J	une 1968	6:45AM
호스를	3. SE	Х	4. RACE			S. DATE OF BIRT	H		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
Pages ors		Female	Mongol	ian		28 Aug	ust 1	926	last birthday)	RS. MONTHS DAYS	HOURS MIN
by an	70 E	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	COUNTRY?	8. MARRIE	DEVER MARRI	ED	9. COUNTY OF	DEATH		
l in ers. 72 h	con	est Indies	West	Indies	WIDOWE			M	iont gomer	У	Md.
illeo pap hin	10 C	ITY OR TOWN OF DEATH	NAM 15	E OF HOSPITAL OR IN	STITUTION (I	f nat in haspital			(Kind of wark don	12b KIND OF	BUSINESS OR
* B * 1	Bet	hesda	giwhan	val Hosp	oftal,		Offine	usewite	life, even if retired	INDUSTRY NC	ne
rian and completely filled in by the funera ease enfove carban papers. Pages L and and in any event, within 72 hours ifter dea	13a.	USUAL RESIDENCE (Where decease	ed lived, if institution	n: Res dence before	1		d. INSIDE CITY E		REET AND NUMBER		
omi ove r ev	Odilii	ssion) STATE Va.	120 COOM11	<i>U</i>	Ocear	ia	YES NO	□ 2	28B MATT		
and in any)4. F	ATHER'S NAME First	Middle	Lost		IS. MOTHER'S MAIL		irst	Middle		Lost
		Unknown		k a ing		Unknow	n				
8 8 5	16a. Y	WAS DECEASED EVER IN U.S. ARI	MED_FORCES?	6b SOCIAL SECURITY		INFORMANT			Address		Va.
an g		es, no or unknown) (11 yes give v	var or dates of service) NA	None	(Laude L.	CHES	SON, 22	8B Matt]	Lane, Oce	eania
signed by the attending physician and burial-transit permit. Then please and burial, cremation, or removal, and in ap		1B. CAUSE OF DEATH (Enter on	ly one couse per line	for (a), (b), and (c))					DETULER O	ONSET AND DEATH
mit.		PART I DEATH WAS CAUSE IMMEDI	BY: ATE CAUSE (a) RHE	EUMATIC H	EART	DISEASE 1	MITRAL	, VALUL	AR INSUFF	TOTENCY	
affi an,		2740	,	A CONSEQUENCE OF							
the material		Canditions, if any, which gave rise to immediate couse (o),	(D)								
train of		stating the underlying cause	DUE TO, OR AS	A CONSEQUENCE OF							
signed by the burial-transit burial, cremat		last.	(c)				Distant of	ONDITION COST	W 141 04 07 1/)		
		PART 2. OTHER SIGNIFICANT CO	ADITIONS CONTRIBUTE	AC TO DEVIN ROLL	IOI KELATED	TO THE TERMINAL I	DIZEASE OK	ONDITION GIVE	N IN PART I(O)		
rificate has been at far use as the of Health prior ta	NO.		CONDITION FOR WHICH	H OPERATION WAS PI	PEODMED	20a. AUTOPS	(Y2	20h 15	YES WERE FINDING	S CONSIDERED IN C	FRTIFYING
as price	CERTIFICATION	THE DATE OF OPERATION 1155.	COADITION FOR WIRC	TOTERRION WAS FI	IN OKIHED	YES 🔀	ио [CALICES	OF DEATH?	Yes	EKIII 1910
e h age	CERTI	210. ACCIDENT WAS UNDERLYII	IG 21b. TIME OF L	MHIRY	1210				ry in Part 1 or Part		
and Herical		[] OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M	Manth Day Year		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1000	i trainin a mijo	, .,	2, 110111 101,	
hed it. o	MEDICAL	(If either, notify medical exami	PLACE OF INJURY (A		9 KCTORY, 1 21F	LOCATION Street	or R.F.D. No.	City	or Town	County	Stote
this certi detached e Dept. a		Attimo Hot Million								,	
e de de		220 I certify that (1) (the saw the deceased courses stated above	is hospital) atten	ded the deceas	ed Atrom	2 April	. 196	8101	. <u>3 ១ីពេខ</u>	19 68 , that	t (I) (we) last
d b		sow the deceased o	live on	June	19 00,0	and thot in (my)	(our) op	nion deoth	occurred on the	dote and hour	ond from the
2 E +		couses stoted above	e, (1) (we) (did) (d	lid not) view the	body offe	er deoth.				DATE CLASSES	
3 sl wit		22b. SIGNATURE	A 1	O W	D D	ATTENDING		MED.	STAFF	13 June	1068
age per		22d. PHYSICIAN S	- an	- D M	.D. ^{рі}	GREE PHYS 22e ADDRE		PIRECTOR -	PHYS.	13 June	1900
FUNERAL DIRECTOR: After this cerdirector, page 3 shauld be detached should be filed with the State Dept.		NAME (Type) P. F	H TYE ,LC				1 Hos	pital,	Bethesda	, Md.	
und and a	230	B DIAL CDEMATION 23h	DATE	23c. NAME DE	CEMETERY	OR CREMATORY		23d LOCAT O	ON (City or Town)	(County)	(Stote)
TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to	200	BNY La Pecify) 6.	-17 9 68	Arli	ngton	, Nationa	1	Arli	ngton, Va		()
	24	FUNERAL DIRECTOR		1			2Sa. REC'D E	Y REGISTRAR		AR'S SIGNATURE	
VR A15 (4) 30M REV 1/68		funeral director R.A. Pumphrey.	7557 Wisco	onsin Ave	, Det	Md. a	DATE J	JN 19	1968 10	hanes y	nog.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH

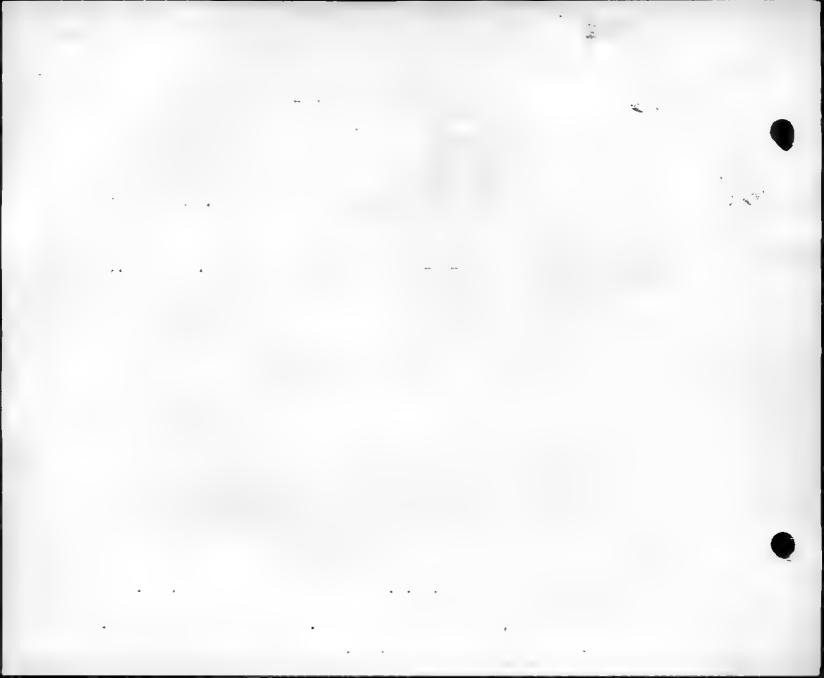


Manager States	1 %	_		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR S	STATE			Item#16b, FilmGLO2 MEDICAE EXAMINER'S CERTIFICATE OF DEATH
HEALTH	DEAN		1 0	CEASED-NAME / First Model Last 20. DATE KNOWN Month Day Year 20 HO
g o ≥.	(18)			YPE OF Print) DILLERT Mc Cool Blaspell OF EST DEATH MATED 6-28 1968/9
96 3	1/20		3. SE	est brinder) MONTHS DAYS HOURS MAN
2 6.2	T T	-		the Can. 11/11/12 55 YRS June 28 1968/ A
The same	- Se		OBL ED	IRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTRY DEATH TY) WIDOWED DIVORCED DIVORCED
Pages With for	ate		10.0	TY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital 12a USUA, OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR
ofter death 8. Give Pag along with	Tond 2 with the State De	7	6	Thes da Shurban Hespital Theamerst Film Exchange
fter d Give long v	with t death	,,	13a.	USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d MISIOE CITY LIMITS? 13e. STREET AND NUMBER
V - 0	2 ×	12		maryland montantay Betherda YES NO 15047 Bradley Blud - +2
hour Item Office	l ond 2 ofter		14. F	ATHER'S NAME First Middle Jost IS. MOTHER'S MAIDEN NAME First Middle Lost
24 In	poges		760.1	CAPIBE-CIALLE
within a n pencil i				es, na, or, unknawn) (if yes give war or dates of service) A 12 1/1 1 1/1 1/1 1/1 1/1 1/1 1/1 1/1 1/
d wi	File n 72		7	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) APPROXIMATE INTERVA. BETWEEN OWSEL AND OCALL.
be executed "pending in Lef Medical E	ol-transit permit. F			PART I DEATH WAS CAUSED BY IMMEDIATE CALSE (a) COFOND MY INSUMPTION CONCEPT ACUTE - Sudden.
e execu pending of Medic	nt v			The state of the s
	ansil			Canditions, fany, which gave nse ta immediate couse (a), (b) Cardio Vascular Disease Years
certificate should writing the word inwarded to the Cl	buriol-transit			stating the underlying cause Due TO, OR AS A CONSEQUENCE OF
te sho the v	⊒. ਵੱ			last (c)
cote	d be used os a b or removal, and			PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
certificate writing to	used c		NST.	190 DATE OF DERATION 190 CONDITION FOR WHICH OPERATION 20. AUTOPSY?
	be us	3	CERTIFICATION	WAS PERFORMED? YES NO D
This if cate, d be f	d ble			21a EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy Year PRIMARY OR CONTRIBUTING HOUR A.M. 21b T ME OF INJURY Month, Doy Year PRIMARY OR CONTRIBUTING HOUR A.M.
INER: ne certif should	files. 3 should iation, oi		MEDICAL	CAUSE OF DEATH P.M. 19
MIN the 4 st			×	21d N.URY OCCURRED 21e PLACE OF INJURY (At hame, form, street, white mor white foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. City or Town County State
EXAMINER: cute the cert age 4 should	Δ.			WHILE DOT WHILE AT WORK 10ctory, office building, etc.)
exe	moy be retoined for FUNERAL DIRECTOR: salth prior to buriol,			22a. 1 certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opin death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined monner
ase rectc	ine IREC to b			death resulted from. Natural causes , Accident , Suicide , Homicide , Undetermined monner
P a ip	RAL D Prior			ACTUAL SIGNATURE O. B. B. B. B. B. ASS STANT MEDICAL EXAMINER (22b. DATE SIGNED
PUT Sary,	y be	,		DEPITY MED CALL EVAN NEO DE CALLO ON 19/A
O DEPUTY necessary, the funero	5 moy ro FUNEI Health	9		NAME (Type) John G Ball ADDRESS(Street, city, town, or county)
2 = =	70 H	0	230	BURIAL CREMATION, REMOVA. (Specify) July 2, 1968 Baltimore CEMETERY OF CREMATORY July 2, 1968
	2	K	24	FUNERAL DIRECTOR ADDRESS 250 REC'D BY REGISTRAR 25D REGISTRAR 5.5 GNATURE
VI 10:	R A15ME (5)			F. Gasch's sons Hyattsville, Md.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 592 CERTIFICATE OF DEATH Last I. DECEASED-NAME First Middle 2a. DATE OF GEATH 2b. HOUR (Type or print) Month ADOLPHUS THOMAS CLAY June the attending physicion and completely filled in by the fun sit permit. Then please remove corbon papers. Pages 1 nation, or removal, and in any event, within 72 hours after a 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER YEAR 6. AGE (In years MATE WHITE 5-11-02 last birthday) YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED SCHOOL MARRIED country) Maryland United States Montgomery County WIDOWED [7] DIVORCED [10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Montgomery General Hospital Retired Carpenter Olnev 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER xecuted odmission) STATE Jarvland 13b COUNTY COUNTY No Rt. 2, Woodfield Road Gaithersburg YES 14. FATHER'S NAME Lost 15. MOTHER'S MAIDEN NAME First Middle Joseph Julia Clay Keefer Keith requires that the death certificate be 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Admission Record Mont Gen. Hosp Olney Md (If yes give war or dates of service) 20-30-4736 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN DISET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Clectraliste. 200 Conditions, if ony, which gove) rise ta immediate cause (o), DUE TO, OR AS, A CONSEQUENCE O stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 ИО □ 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) TTO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work O HOSPITAL OR ATTENDING Page 4 may be retained by the O FUNERAL DIRECTOR: After 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS. MED DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS Sandy Spring, Md. NAME (Type) Frederick Moomau. M.D. director, 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a BUR AL, CREMATION (County) (State) REMOVAL (Specify) June 19,1968 Damascus Meth. Damascus, Md. 24 FUNERAL DIRECTOR Olin L. Molesworth, Damascus, Md. 25g REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE DATE JUN 20 1968 Milanelas

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301, W. PRESTON STREET, BALTIMORE, MARYLAND 21201 , 山林的城 CERTIFICATE OF DEATH 1. DECEASED NAME Middle Last 2a. DATE OF DEATH 2b. HOUR Wouth 23 (Type or print)
Alfred Albert requires that the death certificate be executed within 24 hours after dea CLAY June 830PM A RACE S. DATE OF BIRTH IF UNDER 24 HRS 3 SEX 6. AGE (In years IF UNDER 1 YEAR last birthday) 12 Apr. 1888 Male Caucasian 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [29 NEVER MARRIED] the attending physician and campletely filled in sit permit. Then please remaye carban papers Missouri USA WIDOWED [DIVORCED [7] Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street address Hospital during mast of wasking life, even if retired.) INDUSTRY Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before Life, CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIM TS? any event Virginia COUNTY admission) STATE Shepardstown YES -Main Street 14. FATHER'S NAME First Last 15 MOTHER'S MAIDEN NAME FIRST Last burial, crematian, ar remaval, and in George Clay Unknown 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na, or unknown) (If yes give wor at dates of service) Hospital records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Gastro-intestinal hemorrhage, massive DUE TO, OR AS A CONSEQUENCE OF (b) Gastric ulcer signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES X Dept. of Health Page 4 may be retained by the haspital ar O FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 121b. TIME OF INJURY 百 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME EARM, STREET EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work ATTENDING 220. I certify that (A) (this hospital) ottended the deceased from June 20 , 19.68 , ta June 23 , 19.68 , that (L) (we) last saw the deceased alive an June 23 19.68 , and that in (A) (our) opinion death accurred on the date and haur and from the stated above, (1) (we) (did) (at the view the bady after death. 22b. SIGNATUR 22c. DATE SIGNED ATTENDING June 24, 1968 director, page 3 should be filed v DEGREE DIRECTOR PHYS 22d PHYSICIAN 22e. ADDRESS Donald K. ROEDER Naval Hospital, Bethesda, Md. 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION (County) (State) 5/27/58 BLIT A (Specify) Elmwood Cemetery Shepardstown West Virginia 24. FUNERAL DIRECTOR Tyson-Wheeler Funeral DRESTORE 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) Ochorles 30M REV 1/68 Rockville. Maryland



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

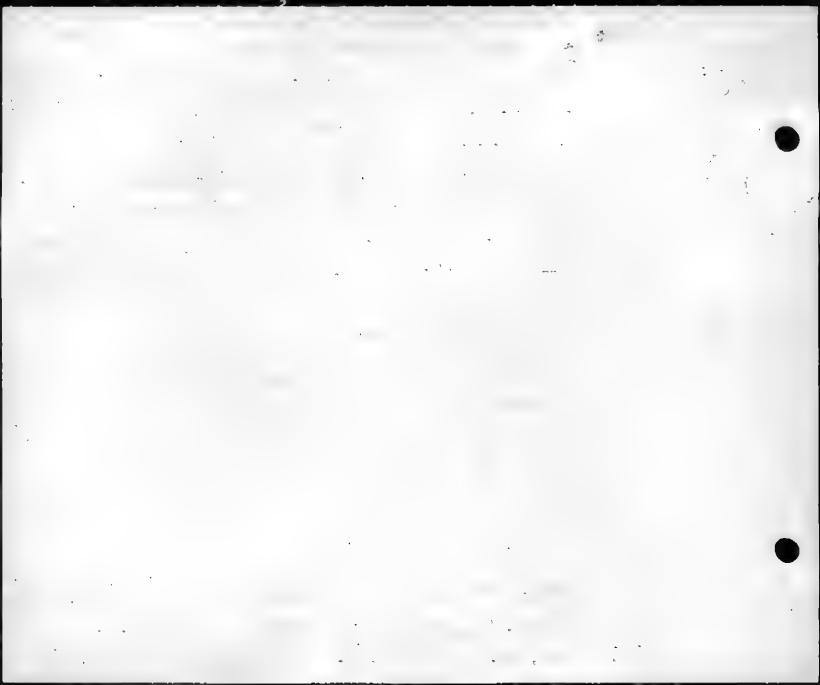
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

599

		ECEASED-NAME Type or Print)	first George	Middle Blair	Clum, J	t.	2a. DATE KNOWN Month OF ESTI DEATH MATED 6	Day Year 2b. HOUR
	3 SE Ma	le Can	ic. Jan.	17, 1906 82	(In years IF UNDER) YEAR Inthiday) YRS.	HOURS MUN.	2c DATE PRONOUNCED DEAD Month Defi	Year 198 75 M
	count	BIRTHPLACE (State or fo	ton, DC U.	WHAT COUNTRY? $S.A.$	WIDOWED D	VORCED 🔲 🧗	ontgomery	Md.
Ķ	Sin	ity or town of deat wer Sprin	1 <i>q</i>	NAME OF HOSPITAL OR INS	Hospital	ol 12a USUAL (OCCUPATION (Kind of wark done of working life-even if cetired.)	126 KIND OF BUSINESS OR INDUSTRY St Navy Dept.
	130 ad	USUAL RESIDENCE (Wi Imissian) STATE Man	here deceased rived, if in ryland 13b COUNT	stitution Residence before	13c city or town Rockville	13a IMSIDE CITY LIM TS? YES ☑ NO ☐	130. STREET AND NUMBER 13528 Jurkey	, ,
	14. Fa	ATHER'S NAME Ge	first Mi	ddle Lost Clum,	St. 15. MOTHER'S A	Louise		Hollidge
		WAS DECEASED EVER IN E es, no, or unknown) 120	J.S. ARMED FORCES? (If yes give wer or dates of serv	16b SOCIAL SECURITY NO 579-10-656	1	izabeth C	'lun Rockville	Branch Pkway Maryland
		PART I DEATH 1978 Conditions, if ony, we rise to immediate a stating the underlyitest.	WAS CAUSED BY: (IMMEDIATE CAUSE (o) _ DUE TO, hich gave ouse (a), ng couse (c), (c) _ (c) _	er line for (o), (b), and (c). Liver fail OR AS A CONSEQUENCE OF CARCINOMA OR AS A CONSEQUENCE OF BUTING TO DEATH BUT NOT	liver	DICEASE AN ANNUAL	ON CHEN IN OLD THE	APPROXIMATE INTERVAL BETWEEN ONSE! AND OLATH
		156 /	Diabetes			DISEASE OK CONDIT	TON GIVEN IN PART I(0)	20. AUTOPSY?
}	CERTIFICATION			WAS PERFORMED?				YES NO
	DICAL	210. EXTERNAL CAUSE PRIMARY OR CONT CAUSE OF DEATH 21d INJURY OCCURRE	TRIBUTING HOU	E OF INJURY Month, Day, Year R A.M. P.M. 19 RY (At hame, farm, street,	21c. HOW INJURY		City or Town	Item 18.) County Stote
		WHILE NOT WHILE AT WORK	factory, office bu	ilding, etc)			CITY OF TOWN	21016
		22a. I certii death resulted ACTUAL SIGNATURE		of the remains described	Suicide [tapsy, lr Hamicide HIEF MEDICAL EXAMI SSISTANT MEDICAL EX		
2		CV & MILLIPEDE	elden R. Rei	ap, M, D.	1 -	EPUTY MEDICAL EXAM		INE 3, 1968
	ß	BURIAL, CREMATION, REMOVAL (Specify)	230 DATE June 4.	1968 Congres		neteru 23	Washington D	(County) (State)
	24. Uan	ener E. Pu	esweller Inc	8434 George	ina Md.	DATE DATE	EGISTRAR 1968 REGISTRAR	S SIGNATURE

VR A15ME (5) 10M REV. 1/68

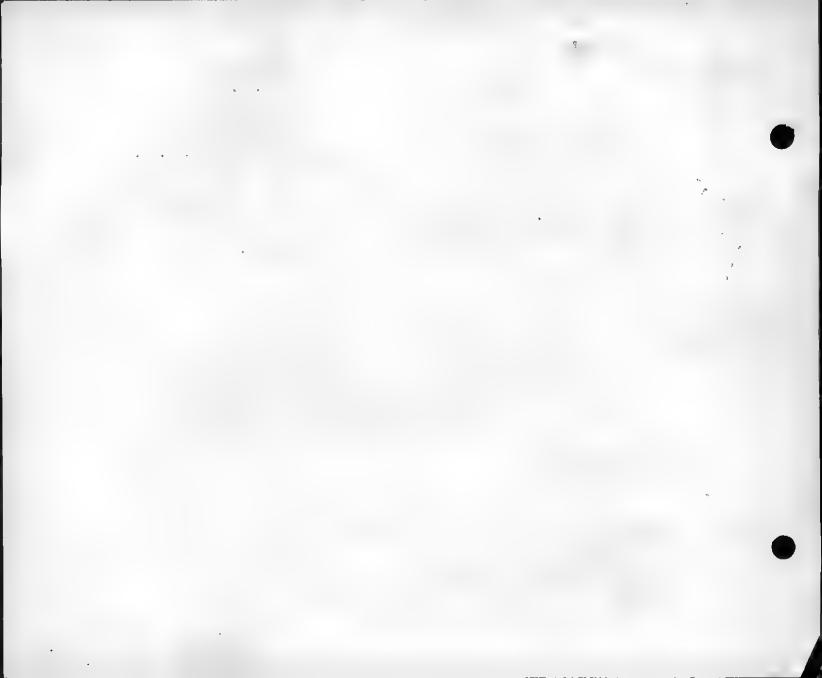
TO DEPUTY



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe <u>cuted</u> within 24 haurs after death.	(TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the foneral	Dud	death
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	the de		e atte	pern'	otian,
	that	dn.	by #	fransı	cremo
	quires	physic	igned	virial-	ourial,
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	HYSK	hasp	s certi	ached	ept. o
	NG P	y the	ter thi	e det	late D
_	ENDI	ned b	R: Af	g plu	the Si
	R AT	Page 4 may be retained by the hasp tal ar attending physician.	RECTO	3 sho	should be filed with the State Dept. of Health priar ta burial, crematian, or removal, and in any event, within 72 haurs after
	TAL 0	nay be	AL DI	abod	e filec
	10SPI	le 4 n	UNER	ectar,	anldip
	10	Pag	TO F	- O	> Sh

	73		CEKITE	LAIL	OF DEATH					
PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceas	ed lived, if institu	t on Residenc	e before or	dmission)
o. COUNTY	Mont	gomery	MARYL	AND	o. STATE	C.	b. COU	NTY	-	
b CITY OR TOWN	(If outside corporate limits		LENGTH OF STAY IN	₹b :	c CITY OR TOWN (If ou	tside corpara	te limits, write RU	RAL and give	neorest to	iwn)
write RURAL or	nd give nearest town)				Was	hingt	on			
d NAME OF HOSP	ITAL OR INSTITUTION (If no	it in hospital, give s	treet oddress)		d STREET ADDRESS					RES DENCE
Univers	ity Nursing	Home			28 Underwoo	d Pla	ce. N. E		YES	N A FARM?
NAME OF	Fir		Middle		Lost	4. DATE	Mon	th	Doy	Year
(Type or print)	Jeane	tte	ome		Cahn	OF DEATH	8		25	19 68
SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	N 8	. DATE OF BIRTH	9	AGE (In years lost birthdoy)	IF UNDER 1		UNDER 24 HRS
Female	Caus.	WIDOWED [DIVORCED		8/14/1902		65 Yrs.	Months	Doys H	lours Min.
	ON (Give kind of work done ig life, even if retired)		F BUSINESS OR		11 BIRTHPLACE (County I	& Stote, or fo	reign country)		ZEN OF WI	HAT
none	y me, even n tented)	INDUST	KT		Goettinger	, Ger	many	US		
3. FATHER S NAME					14. MOTHER'S MAIDEN N	VAME				
Philipp	Cahn				Johanna 8	lumen	thal			
Yes no of unknown	VER IN U.S. ARMED FORCES?) (If yes give wor or dotes of	16. SOCIA	AL SECURITY NO.	17 II	FORMANT	1.	Addr	ess // 4/	02	1
No) (it lasgive not of dotes o	13617169		1/1	aller of Co	hn_	4/01	16th	W M.	. 4
	DEATH (Enter only one cou	se per line for (o),	(b), and (c))		4 1		1			AL BETWEEN
1 1 2	ATH WAS CAUSED BY IMMEDIATE CAUSE	(0) Cance	noma.	0) -6	1/ hmore	Jerel,				AND DEATH
160%		TO		0					_	
Conditions, if on	nte couse (n)	(b)								
stating the und										
last.	,	(c)							<u> </u>	
PART I OTHER	SIGNIFICANT CONDITIONS C	DNTRIBUTING TO DE	ATH BUT NOT RELA	TED TO T	HE TERMINAL DISEASE CON	EDITION GIVE	N IN PART I(o)		19 WA	AS AUTOPSY REORMED?
1601									YES [NO 🗌
	AS UNDERLYING G CAUSE OF DEATH	20b DESCRIE	BE HOW INJURY OCC	URRED (Enter noture of injury in f	Port I or Por	t 1 of item 18)			
(IF EITHER, NOTIF	Y MEDICAL EXAMINER)									
20c TIME OF IN Hour'd	JURY Month, Day, Year Jum.	20d NJURY While	OCCURRED :		E Of INJURY (Home, form ary, street, pfice bldg , etc.)		(City or town)	(Cou	nty)	(Stote)
	om. 19	ot work	of work		11/1/2	10	10/26		2	
	t ify that (I) (this has	1 1 1 23 6 1			15/60	980 9 X		, 1 <u>Q</u>	_ø, that	(t) (we) las
220 SIGNAJURE	deceased alive an	10 ft Y		nd that	death accurred at(47269	, from couses	and an th	e date s	lated above
ZZU SIGNAJOKO	My son	LAR	wen'	M D		MED DIRECTOR	STAFF PHYS		TE SIGNED	18
22c. PHYSICIAN' NAME (Type		L. LEN,	KIN		2309 Shore	field R	d wheat	on, he	d	
30 SURIAL TREMAT			IC NAME OF CEMES	ERY OR C			CATION (C ty or Je	(ny(n)	((coupty)	(State)
REMOVAL (Specif	4/4/1	18	1001	Anon	1.00	1 //	allorel	a. ne	1	,
24. FUNERAL DIRECT	11. 11.	110 05	ADDRESS	2 do	U to 3 VI. /	BY REGISTR		EGISTRAR S SI		dar.



MARYLAND STATE DEPARTMENT OF HEALTH

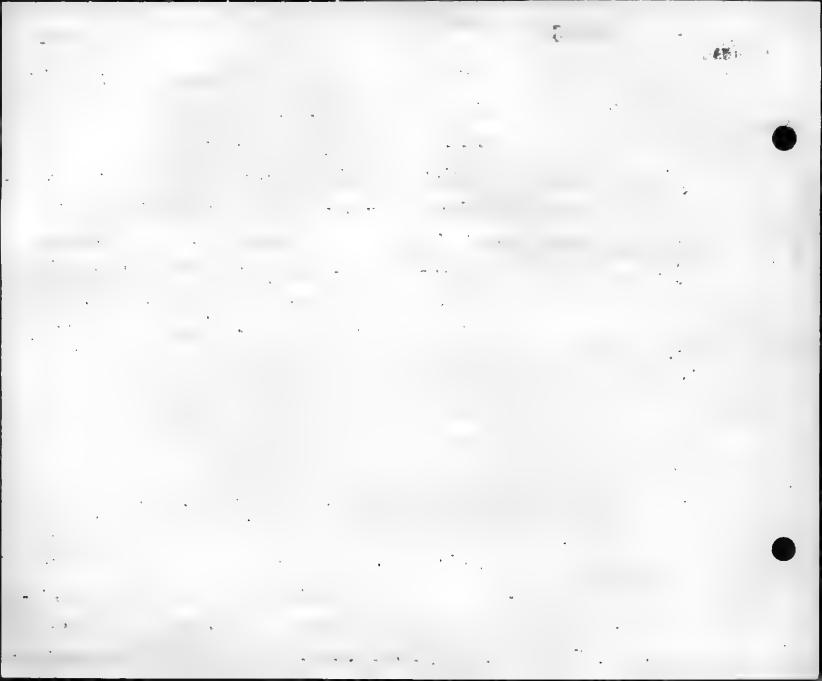
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

10596

CERTIFICATE OF DEATH

61

6.	"	~ -	083	I DI	CEASED-NAME	First		Middle		Lost		O. DATE OF DEATH			2b. HOUR⊿
to	- 5	and 2 death	14		A	hn	0		Co		1		lanth Day		12:2M
ğ		2 5 5 2 5 5		0 CF	9	W CPL		партап				uene	20	1968 IF UNDER I YEAR	IF UNDER 24 HRS.
(\$		 =	2	3. SE			4 RACE			DATE OF BIRTH		o. At	E (In years birthday)	MONTHS DAYS	HOURS MIN.
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183	*	9		Zo. 1	BIRTHPLACE (State or for	eign	7b. CITIZEN OF WHAT C	DUNTRY?	8. MARRIED PC	NEVER MARRIED	9. 0	COUNTY OF DEAT	1		
	.5		. 1	çour	"" Virginio	z	u.S.	4.	WIDOWED [DIVORCED		Intaoine.	417		Md.
n 2	=	popers thin 72 h	1 8	10 (ITY OR TOWN OF DEATH		11. NAME C	F HOSPITAL OR INST	ITUTION (If nat in	haspital 12	2a. USUAL O	CCUPATION (Kind	of work done	126 KIND OF E	SUSINESS OR
Ē.	- 4	=	1	15	ilver Sprin	0.07	give street	oddress) Cros	s Hospi	tal di		of working life, e ance lind	ven if retired)	* Reliar	and 9.00
3	- 0	rarbon ant_wit		13a	USJAL RESIDENCE (Whe	re decease			13c CITY OR TO		SIDE CITY LANGES			KING CAU	ica yna.
Jec	- 4	2 - w	1	adm	ssion) STATE M	mula	186. COUNTY ont	COMONIA	Sil. Sp	VEC 6	Z) NO			Ue Road	I
Çeci		ctan and com ease remove ond in any ev	- [14.1	ATHER'S NAME Fire		Middle	Lost		OTHER'S MAIDEN	1	00//	Middle	CCE Nous	Last
(i)	3	lease remoi ond in any	Y. F.	14.1	0.		-		13. m				maule	0	
ق.		se se	10	<u> </u>		ules		Cole	117 1110		Beath	2	4.11	Crenn	100
cote			1		WAS DECEASED EVER IN es, no, or unknown)	U.S. ARM Of yes give wo	or dates of service?	SOCIAL SECURITY N				1	Address	- 1 4 10	
4	j	in ottenaing prysicial and sit permit. Then please remnotion, or removal, and in an	3	l	les	WW	11 22	3-01-460	2 11/14	. Marga	<u>ret (c</u>	le 8811	Colesu.	ille Roo	id
ē			0 1		IB. CAUSE OF DEATH	(Enter anl	y one cause per line faj	(a), (b), and (c).)		A	1	~		APPROXIN BETWEEN ON	NATE INTERVAL
t e	À	by m∎ ottenaing priy transit permit. Then cremotion, or removo	A		PART I. DEATH W.		BY TE CAUSE (a)	DIAT	MAAA	acre	uce	im		1-1	46111
de	4	erm erm	0		.;	HIVE SIA	DUE TO, OR AS A	ONSEQUENCE OF	1	0 1	-	1	*		/
the		= - -	2	1	Conditions, if only, whi	ch gave)		MIN	aux.	1200	1100	WILKE	11.	174	18111
Tat		oy II Iransi Crem	-	1	rise ta immediate ca		DUE TO, OR AS A	CONSEQUENCE OF	1		N-110	40000-		1	- wy
Ŧ.			1	1	stating the underlyin	g couse	(c)	CONSEQUENCE OF	//						
low requires that the deoth certificate be executed within	physician	signed by tn burial-transit burial, cremo	0.		<u> </u>	CANT CON	DITIONS CONTRIBUTING	TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISE	ASE OR CONF	TITION GIVEN IN P	ART 1(a)		
red			11,	2	. ,	CART COM	DITIONS CONTRIBUTINO	TO DENTI DOT NO	I KENIED IO II	I IERMINAL DISC	MJL OKCOM	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	nk) ((0)		
. ≥	u d	the or to		S.	19a, DATE OF OPERATION	1 10h /	ONDITION FOR WHICH O	DEB ATION WAS DED	EODMED	20o. AUTOPSY?		John IE VEC 1	MEDE EIMDINGS C	ONSIDERED IN CE	DTIEVING
	ten	rore nos been for use os the Health priar to		CERTIFICATION	I TO, DATE OF OPERATION	170.0	ONDITION FOR WHICH O	FERMION WAS FER	IOKMED		NO 🛣	CAUSES OF D		ONJIDENED IN CE	AHITHMO
=	0 1	use Use	J	ERTI	D1 - 4551DENT M45 N	MD F DI MINI	. Loss mare on unit	1014	las contra	YES 🔲					
2	0	Fe of	0	N	21a. ACCIDENT WAS U ☐ OR CONTRIBUTING ☐ CA			ikt inth Day Year	21c. HOW	INJURY OCCURRE	D (Enter no	ture of injury in P	ort I or Part 2,	Item IB.)	
9	ă i		On	DIC	(If either, notify medic	ol examin	er) P.M.	19							
HYSICIANS	the hospital	inis cerimone nos peem detoched for use os the e Dept, of Health priar to	P	Ξ	21d INJURY OCCURRED		PLACE OF INJURY (AT H	DME, FARM, STREET, FACT E BUILDING, ETC.	ORY.) 21f LOCAT	ION Street or R	R.F.D. No.	City or To	wn	Cannty	Stote
					While Not while of work	1			1.7.			0	ne	1.	
ž	À	Arrer II I be de State	1		22a. I certify tha	t (I) (thi	s hospital) attende	d the deceose	d from_///	10	, 1964	, to 121	11/19	(that	(I) (we) last
8	<u>ي</u> ج	* - a			saw the deci	ased al	ive an CLA	1181019	and the	ot in (my) (o	ur) opinio	in deold occuri	ed an the do	ite ond hour o	ind from the
νĒ.		should th the				obove	(I) (did	not) view the b	ody after dec	th.					/
OR ATTENBING	be retained	3 should with the			22b. SIGNATURE	<i>).</i>	OA11	1111	. \	ATTENDING	MED.	IAT2		DATE SIGNED	110
	å 2	KAL DIK , page 3 be filed			XXX	M	HILL	rry	1 DEGREE	PHYS.	DIREC	TOR L PHY	$\Box \ \Box \ \varphi$	1471	68
Z	è:	P pg e	1		22d. PHYSICIAN'S NAME (Type)	,				22e ADDRESS			C . 1		14.1
픊.	4 1				MANAGE POPPOP	onn l	CHARL					a Avenu		t Onkina	fild
O HOSPITAL	Poge .	director, page 3 should should be tiled with the		230.	BURIAL, CREMATION,	23b. D		23c. NAME OF C			2	3d LOCATION (Cit		(County)	(Stote)
2	ے د	≥ = -			REMOVAL (Specify)	Jul	4 1, 1968		Lawn C			Richmon			inia
		VR A15	(4)	24	FUNERAL DIRECTOR	Gle	n Carter	MADORESS	Carte	,	REC'D BY R		Sb. REGISTRAR'S		
		30M REV.	1/68	We	arner E. P.	unphr	ey Inc. 84	34 Ga. A	ve. 5.5	. Md. DAT	4UL -	3 1968	golian	las Jeed	gr.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle lost 20. DATE OF DEATH 26 HOUR P death. (Type or print) funero PINAN law requires that the deoth certificate be executed within 24 hours after 4 RACE 5. DATE OF BIRTH AGE (In years OF LINDER 1 YEAR IF UNDER 24 HRS. lost birthday) MONTHS Emale YRS signed by the ottending physician ond completely filled in by the burial-transit permit. Then please remove carbon papers. Pos oon papers. Pot within 72 hours 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED DIVORCED [] Indiana 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10. CITY OR TOWN OF DEATH 12g. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR Gov t event, 13e STREET AND NUMBER =DGEFIELD 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before CITY OR TOWN 13d. INSIDE CITY LIMITS? STATE Non Leonery YES 🛖 ond in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Filst Middle Last Lost 16b, SOCIAL SECURITY NO. 17. INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, grynknown) (if yes give war or dates of service) cremotion, or removal, Washing 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN OMSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE Conditions, if any, which gove) rise to immediate cause (a). DUE TO, OR stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING/TO/DEATH BUT O FUNERAL DIRECTOR: After this certificate hos been prior to as the 190 DATE OF OPERATION 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NÔ the hospital or 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.) þ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year of o (If either, natify medical examiner) P.M. detoched director, page 3 strough should be filed with the State Dept. AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY State City or Town County OFFICE BUILDING, ETC. While Nat while at wark 22a. I certify that (I) (this haspital) arended the deceased from saw the deceased alive-on. 1968, and that in (my) (eve) apinian death accurred on the date and haur and fram the Poge 4 moy be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DIRECTOR PHYS PHYS. 22e. ADDRESS 22d. PHYSICIAN 5 -NAME (Type) 7600 CARRUL NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23b. DATE 23d, LOCATION (City or Town) (County) (State) BREMOVAL (Specify) Montgomery Rockville, MD 6/10/68 Parklawn 24 FUNERAL DIRECTOR
JOS Gawler 250 REC'D BY REGISTRAR REGISTRAR & SIGNATURE Sons 30 Wisconsin 1968

MARYLAND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEPT. any deloy is 2, and 3 to PM3: Rage File poges land 2 with the State Department necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, the funeral director. Page 4 should be forwarded to the Chief Medical Exempler's Office along with form This certificate should be executed within 24 hours ofter death Health prior to burial, cremation, ar removal, and in any event within 22 hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit DICAL EXAMINER: TO DEPUTY

1

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1115	1 31 11 11 11	THE PARTY OF THE P		, 4, , , ,	<u> </u>	, , , , , ,				,	9
	ECEASED NAME Type or Print)	F	irst		ddle		Last			2a. DATE KNOW		anth Day	Year	25 HOUR
,	type or rining		David	Jor	dan		Coman	t		DEATH MATI		6-28	W8 :	10 55 M
3. 51	EX.	4 RACE	S DATE OF	BIRTH .	6. AGE (in year	2 IF UN		IF UNDER 2		2c. DATE PRONO	UNCED DEA	ID.		2d. HOUR
	MALE	CAUC.	1,_	25 93	lest birthday)	MONTHS	DAYS	HOURS	AHN.	Manth	28ay		Year 1968 1	10:350 M
7 o.	BIRTHPLACE (Stot			WHAT COUNTRY?			NEVER MAR	RIED	9. COU	INTY OF DEATH				7.35.11
caun	try) CAL	IFORNIA	1	USA		IDOWED 1		RCED		MONTGON	ERY			Md.
10. (ITY OR TOWN C	F DEATH			TAL OR INSTITUTI	ON (If nat	n haspital			CUPATION (Kind			KIND OF BUS	SINESS OR
	TAKOMA	FARE	gıv	re street address) BLASTHI IV(4)	TON SAN	& HOS	SPITA	during	most al	f working life, e	zen il retire	ed.) INDU	STRY	
			eased lived, if ins	titution Residen				I INSIDE CITY L	JMGTS?	13e STREET AND	NUMBER			
0	dmission) STATI	MD	13b. COUNTY	MONT.	\$ILV	TER SI	PRING	AE2 X N	0 🗆	8 E.	Gran	eville	Dr.	
.4 F	ATHER S NAME	First	Mid	dle	Lost	15 MO	THER 5 MAIL	DEN NAME	First		Middle		Las	t
		Ernest	t .	0	CONANT		Agnes	E. 1	PEND	ER				
	WAS DECEASED E			16b SOCIALS		17. INFOR	MANT	10			ADDRESS		1	
[3	* Yng ar unknor	Writ) (If yes;	give war or dates of service	411-0	9-5317	CHAR	1LE31	N. (a	NAN	T 8E. 6	PANJ	ince /	R. J.	J MD.
	IB CAUSE OF	F DEATH (Enter	anly one cause pe	r line far (a), (b)) and (c).)			-					ABPROXIMATE BETWEEN ONSET	
		DEATH WAS CAU		(breto	all 10.	150	Das	, 1,	110	ruthe	elli	en	DETAILED ON SE	HATO POSTAL
•	421	(()	—	OR AS A CONSEC					1/1/20	-11		01		
	Cand trans, if	any, which gav			was	ula	0 0	21to	211	racle	1001	اردا		
	ase ta immed	diaté cause (a), ((0)	OR AS A CONSEC				00 4		-				
	last > =	nderlying caus	- 502 10,	OK 70 A CONSE	-		•							
	1. 1.		(c) INDITIONS CONTRIB	UMBIC TO BEATH	DUT NOT DELATE	O TO THE T	EDMINIC D	CEASE OR C	CAIDITIO	ON CAUCH IN BAD	. 1(-)			
2	Term	enal	Marei	atin	posterio	h Deci	sita	Pale y	70	fall	, "(a) N(ofiac	ture	2.
ATIO	19a. DATE OF	OPERATION	,	19b. CONDITI		PERATION	1			/)			20 ALTOPS	43
CERTIFICATION				WAS PE	RFORMED?		-			•			YES	NO 🗆
æ	210 EXTERNAL			OF NJURY Month	L Day Year	21c HOW	INJURY OC	CURRED (ξη	ter_natu	ite of think in Po	er Lor Par	1 2, Item 18	1) 202	
MEDICAL	PRIMARY C CAUSE OF DEA	OR CONTRIBUTIN	G. HOUR	AM -L&	KUNIER	74	nea	tal	- 0 rt	= X0 70	· @,	Laci	6 Lecte	M
WED	21d INJURY O		e. PLACE OF INJUR			21f LOCAT	ION Street	r R.F.D. No.	-	City or Tav	/n	Ca	iunty	State
	WHILE AT WORK	AT WORK	factory, office buil	ding, erc)	2	1	J30)	}						
	22a. I	certify that	119ak charge a	f the remains	described abo	ve, held	oh Auta	psy X	Ins	spection X	Inquir	y [X],	and in a	ny apinian
	death re	esulted fram	S Natural so	ouses 🔀	Accident [],	Suicid	le 🔲,	Hamicid		Undefermi	ned man	nner		
		1	10011	1/	// /	//	CHIE	F MEDICAL	EXAMINE	ER 🔲				
	ACTUAL SIGNATURE		ecore	u/C	1/1	af)	m.o.	STANT MEDI		Tay Terrorit	22b.	DATE SIGNE	ED	
	EXAMINER'S NAME (Type)		DEN	Rel	PEAD	M	DEPI	SEZ IZANON	-	NIFR COunty)	Joi	ME	28/	1968
	BURIAL, CREMA PEMOVAL (Spe		B-ZI-6		NAME OF COMETE	RY OR CRE	MATORY		23d	Clevelo	í	(Caur	nty) (5	State)
24	FUNERAL DIRECT	TOR			ADDRESS ,	A .	B.L.s.d	2Sa REC'C	BY REC	G STRAR 2		RAR S SIGNA	4 1 2	
	tral br	-	Hour	7400	Georgia	Aver	NN	DATELLE	_			man		_

VR A15ME (5) 10M REV 1/68

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III III	tem 18 film 401 6-19-68 MAKYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH	201
1.	DECEASED NAME First Middle Lost 20. DATE OF DEATH	2b. Hour
	(Type or print) Ellen Louisa Connelly June Month 10 Doy	1968 10 4 M
3.	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IFU	INDER I YEAR IF UNDER 24 HRS.
	Female Caucasian Oct. 5, 1890 lost birthday) YRS. MON	THS DAYS HOURS MIN.
7a	RIPTHPLACE (Street or Foreign 7) CITIZEN OF WHAT COUNTRY? 8 WARDING TO WARD TO COUNTY OF DEATH	
(0	Junity) Vinginia United States WIDOWED DIVORCED MONTGOMERY	Md
Ô.	CITY OR IDWN OF DEATH III. NAMEDE BLOPHALDE BY INSTITUTION OF BOSDIGE 1120 USUAL OCCUPATION INDIG OF WORK ORDER 11	2b. KIND OF BUSINESS OR NDUSTRY
بَ	TAKOMA PARK WASHINGTON SAN. + HOSP HOUSEWITC	
odi	a USUAL RESIDENCE (Where deceased lived, if institution; Residence before mission) STATE WASH, D.C. 13b. COUNTY WASH, D.C. 1865 Newton 5	st. N.W.
9		Lost
114		Jones
16	So. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Address	Johrs
	Yes, no, or unknown) (Il yes give war or doles of service) unknown HOSPITAL RECORD	
F	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (t).)	APPROXIMATE INTERVAL BETWEEN DISSET AND DEATH
	PART DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Acute peritonitis	3 weeks
	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if ony, which gove) (b) ruptured viscus	3 weeks
	In the continuous course of the continuous of th	
Т	last. (c) Diverticulosis coli	
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE FINDINGS CONSI	DEPEN IN CEPTIEVING
CEDITIEICAY	YES NO CAUSES OF DEATH?	DERED IN CERTIFIED
rear	Yes 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item	18.)
SICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) P.M. 19 21d INVIERY OCCURRED 21e PLACE OF INVIERY AT HOME, FARM, STREET, FACTORY, 1 21f LOCATION Street or R.F.D. No. City of Town	
ME		ounty State
	at work — at work —	
	10.0 1 25 4 20 40 10 10 10 10 10 10 10 10 10 10 10 10 10	<u>8_, that (1) (₩e) las</u>
	saw the deceased alive an 6/11 1968, and that in (my) (aur) apinian death accurred an the date of causes stated abave, (1) (we) (did) (did nat) view the bady after death.	ana navr ana tram the
	22h-SIGNATIRE // 1 2/2c DATE	SIGNED
	1 / Dunan & Julian Stein DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	
	22d PHYSICIAN S NAME (Type) Norman H. Rubenstein, M.D. 22e. ADDRESS 11161 New Hampshire Ave.,	Takoma Powle
23	Bo Burial, CREMATION, REMOVAL Specify) REMOVAL Specify	ourly) (State)
P 2/	REMOVAL (Specify) Provat Burial 6-13-1968 Riverview Cemetery Charlottesville, ADDRESS 25G. REC'D BY REGISTRAR, 25b REGISTRAR, 5IGH	NATURE A
	4. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons, Inc., 5130 Wisc. Ave., DATE 250. REC'D BY REGISTRAR 256 REGISTRARS SIGN 268 JUN 14 968	NATURE Judge.
F	H Sh., D.C., 20016	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ve600

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave tarbor-papers. Pages 1 and 2 shauld be filed with the State Dept. af Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death

VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the d≡ath c≡rificate be executed within 24 ha≡rs after ≣eath

Page 4 may be retained by the haspital ar attending physician.

5, 301 W. PRESTON STREET, BALTIMORE, MARYLA CERTIFICATE OF DEATH

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		YPE OF PRINT) TO HO	,	Middle سیم	CON	lost Pall	2o. D.	ATE OF DEATH Month	Doy	Year	2b. HOU	3
	3. SE	X	4. RACE	<i></i>	5	DATE OF BIRTH		6. AGE (In y	rears IF	UNDER I YEAR	IF UNOER 24 HI	RS.
		male.	le)	į	10/23/	93	lost birthdo		INTHS OAYS	HOURS M	l N.
	Za B	BIRTHPLACE (State or fareign	76 CITIZEN OF WH	AT COUNTRY?	8. MARRIED 🚉	NEVER MARRIED	9. COUN	NTY OF DEATH				
		Theo	9.	54	WIDOWED [Mon	form	ezz		Md
6	10. C	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS treet address)	TOUTION (If not	in haspital 120. U	mast at wi	PATION (Kind of wor ofking life, even if r	retired)	125 KIND OF I INDUSTRY	BUSINESS OR	
A * 1		USUAL RESIDENCE (Where deceo	sed lived, if institute 13b. COUNTY		13c CITY OR TO			13e STREET AND NUI				
		MUL		liontg,		rsburg ^{ES} X	NO 🗍	32 N. Sun		re		_
	14 F	FATHER S NAME First	Middle	Conrag		MOTHER'S MAIDEN NAMI	E First	٨	Middle	1.00.	Last	
	160.	WAS DECEASED EVER IN U.S. ARI	MED FORCES?	16b. SOCIAL SECURITY I		ORMANT	and the same of th	A	ddress	cery	me.	_
	Y		var ar dates of service)	218-12-64		Le 32 N.	Summ			rsburg	Md.	
		18. CAUSE OF DEATH (Enter on		e fer (o), (b), and (c).	11 4						MATE INTERVAL NSET AND GEATH	-
		PART I. DEATH WAS CAUSE IMMEDI	D BY: ATE CAUSE (0)	ardial.	March	ul						
		4109		ACCONSEQUENCE OF	die	19/1	7					
		Canditions, if any, which gave rise to immediate cause (a),	(b)	myour		Mayor				-		_
		storing the underlying couse	DUE 10, OR AS	SA CONSEQUENCE OF	Paral	ic was	cola	1 thre				
		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED TO T	HE TERMINAL DISEASE C	OR CONDITION	N GIVEN IN PART I(c	1)	1	4	
	N	Colomoscular accident and occurrently blancast										
,r.	FICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	H OPERATION WAS PERFORMED 200. AUTOPSY? CAUSES OF DEATH?						DERED IN CE	RTIFYING	
* * *	CERT F	21a. ACCIDENT WAS UNDERLYIN	NG 21b. TIME OF	In il IDV	01- 11011	YES NO	THE I		- D-4 D H	- 103		_
i	MEDICAL (OR CONTRIBUTING CAUSE OF CEA	TH HOUR A.M.	Month Doy Year		INJURI OCCURRED (E	uter value	or injury in Port 1 a	r ron z, men	1 10.j		
		(If either, notify medical exami 21d INJURY OCCURRED 21e.		AT HOME, FARM, STREET, FAC		TION Street ar R.F.D.	No.	City ar Tawn	(County	State	
		at work					./	,				
		22a. I certify that (I) (the saw the deceased a	is hospitol) ofte	nded the decease	d from	19	68,1	10_6-10	, 19	, that	(())(we) -(asi
		couses stated above	(I) (we) (chi) (did not view the	ody after de عدما	ath.	opinian ai	earn accurrea or	n the date	ana nour (and from 1	ne
		22b-SIGNATORE	11/2/11	in	0	ATTENDING V	MED	STAFF -	22c. DAT	E SIGNED	, ,,,,	
		Millen !	VEHICE	29 /1/d	DEGREE	PHYS.	DIRECTOR	PHYS. L	16-	10-6	26	
(22d. PHYSICIAN'S NAME (Type)/ilton	Westbur	gr D		Gaithe	ersbur	rg. Md.				
7	23a.		DATE	23¢ NAME OF	CEMETERY OR CR	EMATORY	23d L	LOCATION (City or To	wn) ((Caunty)	(Stote)	
		REMOVAL (Specify) Burial 6	13-68			norial Gard	lens					
	24.	FUNERAL DIRECTOR ETTEST C	Gartner	Gai there	burg. h	Ad . 250. RECT	BY REGIST		GISTRARS S G	NATURE	-	
	1	Europe 1 1/2 May	In re EALL	9.		DATE J		- IUUU /		-0	U	



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r death	and 2			Myrtle		Idoni	ia	Cord			6	g ^a	Year 1968	
Te de		3. SE	Х		4. RACE			5. DATE OF E			6. AGE (In y	eors	MONTHS DAYS	IF UNDER 24 HRS
2	\$ 5 V		Female			ucasian		6/			//8/	Zi YRS.		
hours after death	N E	cour	STRTHPLACE (Stote or stry)		. CITIZEN OF W	HAT COUNTRY?	8 MARI	ED 🔲 NEVER MA		9. COUNTY	OF DEATH			
Z P	58		ithersbur		USA	IA ANT DE LIGERITA	WIDO		ORCED	December		ontar		N
三 三 事	2 E		ITY OR TOWN OF DEA	ATH	give	IAME OF HOSPITAL street oddress) iversity	OK INSTITUTION	it not in hospitot	during m	ast of warking	DN (Kind of wo	retired)	12b. KIND OF INDUSTRY	BUSINESS OR
3	E A		eaton USUAL RESIDENCE (W	hore decourad	Un Javed if Jacobs	iversity	V Nursi	OR HOME	TSJ.	enoriqe	operat	Or		
cecuted v	sven sven	odm M	ssion) STATE ryland	nere deceased	13b COUNTY	George	Chi	Llum			5602 Bu		B Drive	
N Xec	remove n any eve			First	Middle		Lost	IS MOTHER'S N				Middle		Lost
be ex	in a		lliam E.					??						
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within be retained by the hospital or attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely with	buriol-transit permit. Then please remove cort buriol, cremation, or removol, and in any event, 'y		WAS DECEASED EVER			16b SOCIAL SECT		7 INFORMANT				ddress		
tific	VO.	No	es, na, ar unknawn)	(If yes give war o	r dates of service)	579-01	-1365	Nursi	ng Hon	ne rec	ords			
19 G	The m		1B. CAUSE OF DEAT	TH (Enter anly a	ane cause per l	ine far (a), (b), o	nd (c).)							MATE INTERVAL INSET AND DEATH
eoth	or it.		PART I. DEATH	WAS CAUSED B	CAUSE (a)	dremia,	tech	rinal					IWI	Ł
ne deoth cer attending p	permit. ion, or re		4 9	,	DUE TO, OR	AS A CONSEQUEN	CE OF		,	0				
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equires that the physician. signed by the	<u> </u>		PART 2 OTHER SIGN	Uricany compt	(c)	HITIMO TO DEATH	DIST MOT BELLET	N TO THE TERMIN	AL DICEACE OR	CONDITION C	STALINI DADT 11.	- 1		
The low requires the attending physician, has been signed by	2 2 2 2			eoporos		1 chence		, Sever		CONDITION G	AEM MA LWKT ISE	1)		
low ndin beel	草草	NOIL	19a, DATE OF OPERAT			HICH OPERATION V		20g. AUT		20b	IF YES, WERE FO	NDINGS CO	INSIDERED IN CE	RTIFYING
The fow ratending hos been	for use as the t f Heolth prior ta b	CERTIFICATION						YES		CALL	SES OF DEATH?	-	_	
N. I	r us	CER	21a ACCIDENT WAS				2	HOW INJURY OF			jury in Part I o	r Part 2, 11	lem 18.)	
CAN Site		MEDICAL	(If either, natify me	dical examiner	HOUR A.M. P.M.	,	19	-						
OR ATTENDING PHYSICIAN: be retained by the hospitol or DIRECTOR: After this certificate	be detached State Dept. af	ME	21d. INJURY OCCUR While Nat while	PED 21a Pi	ACE OF INJURY	(AT HOME FARM, STR OFFICE BUILDING, ET	REET, FACTORY) 2	LOCATION Stre	et or R.F.D. No	Ç	ty ar Town		County	State
# # # # # # # # # # # # # # # # # # #	detc e De		at work 📉 ot work								11.		10	
IDING d by the	Stat		22a. I certify the saw the de	nat (1) (this	hospitol) ott	ended the de	eceosed from	4 7-(2, 19_	(a) to_	0 8	, 19_	or, that	(I) (we) 10
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A I I I	독특		22b SIGNATURE	Muile	= 44	mi.	ma	ATTEND	ING — A	TED	CYARE	22c. 0	ATE SIGNED	/
OR be	ed v		William '				11110	EGREE PHYS.	1 (25)	MED DIRECTOR	STAFF PHYS.] 6	18/68	-
TAL moy	Pd e		22d PHYSICIAN S NAME (Type)	W 2 7 7 2	- 0:	5/1		22e AD			d 0	118	·	n.c
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR:	director, page 3 should should be filed with the	00				son, M. I	U or critical		U NEW		ire Ave			
H age	short (230	BLRIAL, (REMATION, PEMOYAL (Specify)	23b DA1		1968 G		OR CREMATORY	ameter		TION (City or To		(County)	(Stote)
5 5	(1)	24	FUNERAL DIRECTOR	o ur	الخطر ال		DRESS	J.11. 9 ()	725a REC'D E	Y REGISTRAR				Md
30/	VR AT SEL		alley Fi	uneral	. Home	Mt. R	ainier	. Md.	DATE JU	NIS	1968 RE	1	FICANTE SE	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2n DATE OF DEATH First 2b. HOUR requires that the death certificate be executed within 24 hours after death LOUVAS (Type or print) STOR 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 8. AGE (In years IF UNDER 24 HRS. last birthday) HOURS 9. COUNTY OF DEATH 70 RIRTHPLACE (State or fore an 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED | NEVER MARRIED country) WIDOWED THE CONVORCED TO 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address during mast of work ag life, even if retired) INDUSTRY pou event, 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c OFFY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER an and comp ase remaive c admission) &LATE 13b COUNTY YES THE NO NGTON 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Last unkleson 16b. SOCIAL SECURITY NO 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, novarunknawn) (If yes give wer or dates of service) 급 cremotian, or removal, 2rcal) signed by the ottending phy buriol-tronsit permit. Then burial, cremotian, or remova APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) (anditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Heolth prior to this certificate has been as the 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO 🗔 USe 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 힏 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e, PEACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f, LOCATION Street of R.F.D. No. State City or Town County While Nat while at wark O FUNERAL DIRECTOR: After 22a, I certify that (1) (this haspital) attended the deceased from 10 mag, 1968, to __19 & 8, and that in (my) aur) apinion death accurred an the date and hour and from the saw the deceased alive an 3-land be retained causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED STAFF director, poge 3 should be filed v DEGREE DIRECTOR PHYS O HOSPITAL 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23 NAME OF CEMETERY OR CREMATORY 23d. LOCAMON (C ty ar Tawn) (State) (County) 23a BUR AL CREMATION ONGRESS: ONAL 34/NGTON 25b. REGISTRAR'S SIGNATURE

6A. ME. N.W 20017-

DATE JITAN

1969

VR A15 [4] 30M REV 1/68 MARYLAND STATE DEPARTMENT OF HEALTH



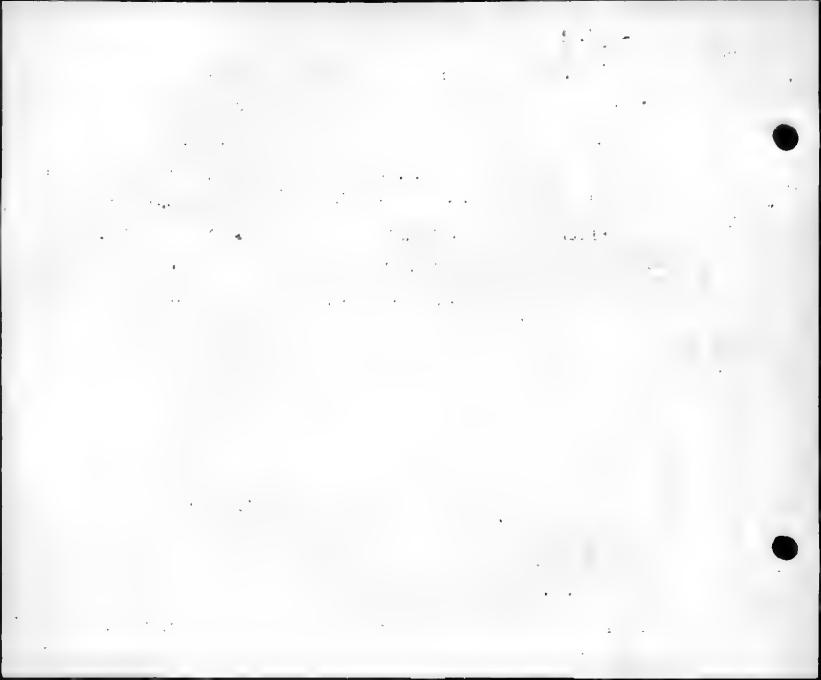
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

398 CERTIFICATE OF DEATH

1. DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR Month (Type or print) ROOSEVELT D CROCKETI 0200 M June 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 24 HRS 3 SEX F JNDER 1 YEAR last birth-lay)
51 YRS. Negroid MONTHS Male 17 May 1917 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED country) ARKANSAS USA WIDOWED [DIVORCED MONIGOMERY 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) INDUSTRY U.S. NAVY Bethesda GOVIT 13c CTY OR FOWN 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13e STREET AND NUMBER 136 INSIDE CITY LIMITS? admission) STATE-MED-13b COUNTY D.C. WASHINGTON YES 🔽 NO [1416 MISSOURI 14 FATHER S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Lost WILLIE CROCKETT LOU ALICE PRINKER 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (na, ar unknawn) (If yes give wor or dates of service) 1416 MISSOURI AVE, NW, WDC 029 26 7205 EFFIE B CROCKETT 18. CAUSE OF DEATH (Enter only one cause peAime for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) ADENOCARCINOMA OF COLON WITH MULTIPLE METASTASTS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave \ rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TX NO 🔲 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH
(If either, notify medical examiner) HOUR A.M. Manth Dov Year 21d. INJURY OCCURRED
While Nat while at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State 220 I certify that (I) (this hospital) attended the deceased from 30 April , 19 68, ta 10 June , 19 68, that (I) (we) last sow the deceosed olive on 10 June 1968, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the bady after death. 22b_SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE 22d PHYSICIAN S 22e. ADDRESS NAME (Type) J. E. DAVIS 230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) Suitland, Maryland 250 RECTO BY REGISTRAR 196 68 REGISTRARS S GNATURE 24 FUNERAL DIRECTOR

John T. Rhines Co.-3015 12th Street, NE

requires that the death certificate be executed within 24 haurs after death completely filled in by the funeral errel forbon papers. Pages 1 and it eyent, within 72 hours after deart remove ony Pug cremation, or removal, and signed by te hos been s use as the talth prior to to be retained by the hospital or attending of Health O FUNERAL DIRICTOR: After this certificate ğ director, page 3 should should be filed with the



VR A15 (4) 30M REV 1/68 23a BURIAL, CREMATION,

CREMINA FORWA

low requires that the deoth certificate be executed within

24. FUNERAL DIRECTOR John Ruffcorn, Washington Sanitarium & Hosp.

23b DATE

6-13-68

M.D.

23c NAME OF CEMETERY OR CREMATORY

Washington San. & Hosp.

250. REC'D BY REGISTRAR 1988 REGISTRARS SIGNATURE

23d. LOCATION (City or Town)

Takoma Park, Montgomery, Md.

(State)

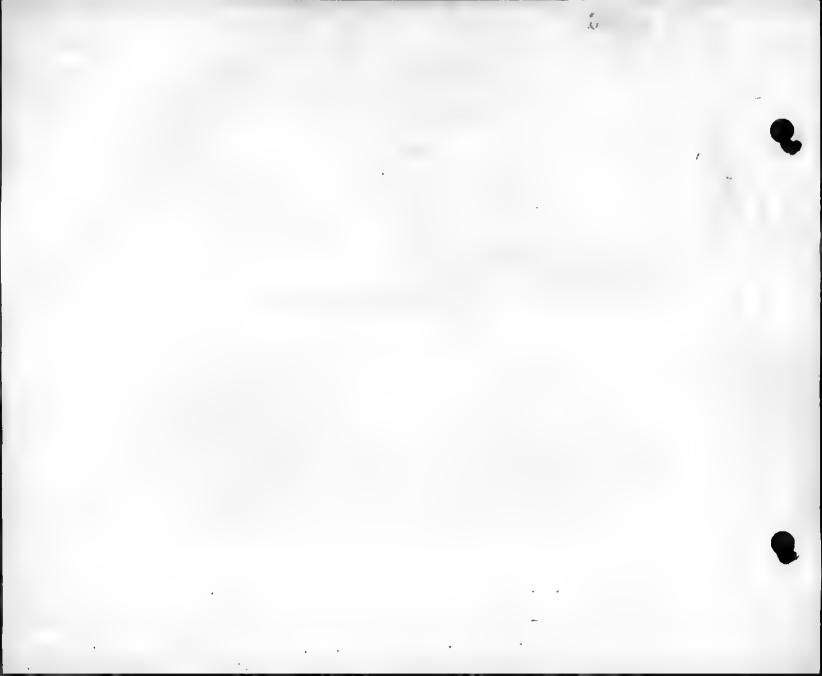
(County)

	1	Ft		8-26-68 amak tlani DIVISION OF VITAL RECORDS,	ZIAIE DEPAKIMENI OF ROI W PRESTON STREET RAI	TEALIN	
	'		ეც €0ა '	*	ERTIFICATE OF DEATH		(11)
É	~~=	1.	DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	25. HOUR
deat	Béal d		(Type or print) Burnet	M.	DAVIS	June Manth 17 Day	1968" 555AM
je je	Pris	3.	SEX	4. RACE	S. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
af	(黎)		Male	Caucasian	Dec. 6,1911	last birthday) YRS.	AGNITH'S DAYS HOURS MIN.
2	n by	7a	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
24 4			untry) Massachusetts	USA	WIDOWED DIVORCED	Montgomery	Md.
uthin	ily filled i ean paper within 72	10.	Bethesda	1) NAME OF HOSPITAL OR INST give street address) Ho	STUTION (If not in hospital 120 US	SUAL OCCUPATION (Kind of work done most of working life, even if retired.)	126 KIND OF BUSINESS OR UNDUSTRY UDIC Health
₹	n Agrib	130	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT	Y LIMITS? 13e STREET AND NUMBER	
cute	epove sur	od	mission) STATE Maryland	136 COUNTY Montgomery	Chevy Chase YES X	NO□ 4223 Leland S	treet
exe	F 8 8 7	14	FATHER S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
þe	n gr din d	L	Michael M. 1			anet	Hayes
requires that the death certificate be executed within 24 hours after death	signed by the attending physician and campletely filled burial-transit permit. Then please repare sarban pape burial, crematian, ar removal, and in any event, within 7	16	o. WAS DECEASED EVER IN U.S. ARMED Yes, na, ar unknawn) (If yes give war o	P FORCES? or dates of service)		Chase, Moness Davis, 4223 Lelan	d St., Chevy
cer	The Trans		18. CAUSE OF DEATH (Enter only	one couse per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath	ar re		PART I. DEATH WAS CAUSED E	CAUSE (0) Gastrointes	tinal hemorrhage		
e d	atte Perm an,			DUE TO, OR AS A CONSEQUENCE OF	Esophago-gastr	itis	
=	the sit pratic		Canditians, if any, which gave) rise to immediate cause (a), ((0)	liferative diseas	10	
es the	signed by the burial-transit burial, cremat		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (c) Acute let	ukemia, radiatio	n and chemo thera	ру
requir			DAU	TIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE O	PRONDITION GIVEN IN PART 1(a)	
- Maria	us th as th priart	// /	190 DATE OF OPERATION 196 CO	NDITION FOR WHICH OPERATION WAS PER	FORMED 20a AUTOPSY?	206 IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
The	has se c th p	/ 5			YES 🔀 NO	CAUSES OF DEATH? Ye	S
CIAN:	rificate has been d far use as the af Health priar ta	MEDICAL CE		HOUR A.M. Month Day Year	21c HOW INJURY OCCURRED (Er	nter nature of injury in Part 1 or Part 2, Ite	ım 18 }
PHYSI	frer this cert be detached State Dept. o	AAE	21d INJURY OCCURRED 21e Pi While Not while at work	ACE OF INJURY (AT HOME, FARM STREET FACT	ORY.) 21f LOCATION Street or R.F.D.	No City or Town	County State
ATTENDING				haspital) attended the decease	d from May 31 , 19	58, to <u>June 17</u> , 196 opinion death occurred on the date	8_, that (b) (we) last
IEN E	# # # # # # # # # # # # # # # # # # #		couses stated above,	(we) (did) (dedapos) view the b	ody after death	principal decim occorred on the deci	, and notification in the
OR ATTEN	IRECTOR: /		22b. SIGNATURE	redu ho	_ DEGREE PHYS		e 17, 1968
A	Pooge File	1	22d PHYSICIAN	11 -	22e ADDRESS		
SPII	d b	Ĺ	NAME (Type) R. B. M			ospital, Bethesda,	Md.
TO HOSPITAL OR	Tought and be refunded director, page 3 should be filed with the			8-1968 Cedar	EMETERY OR CREMATORY Hill Crematory	23d .OCATION (City or Town) Suitland, Mary	(Caunty) (State)
	VR ATHERN			n Gawler Sons ADDRESS		D BY REGISTRAR 2Sb. REGISTRAR S SI	
	30M REV 108		5130 Wisconsin A	ve., N.W. Washingt	on, D. C. DATE	JUN 19 1968 /clia	wer Jung



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item#7a, FilmG401 6/20/68km CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR do in by the funeral pers. Pages I and 2, 72 hours after death. 24 havrs after death AM Month (Type or pnnt) Yeor IF UNDER 24 HRS IF UNDER I YEAR 3. SEX 4 RACE S. DATE OF BIRTH & AGE (In years HOURS last birthday) 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State of foreign 8. MARRIED NEVER MARRIED country i thersbur DIVORCED [WIDOWED D 120 USUAL OCCUPATION Akind of work dome II. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR 10 CITY OR TOWN OF DEATH requires that the death certificate be executed within with give street address during most of working life, even if retired.) attending physician and campletely sermit. Then please remaye tarbon event, 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? YES 🗀 NOF 14 FATHER NAME IS MOTHER'S MAIDEN NAME First Unknown Thuchus asenh 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, ng, or unknown) 7-01-7059 crematian, ar remaval, Mes. Howard C DAVIS -APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 5 DAYS permit. CEREBRAL VASCULAR ACCIDENT IMMEDIATE CAUSE for 8 PAYS Conditions, if ony, which gove 161 SEVERE ASTHMATIC ATTHCK burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CHROME PRONCHIAL ASTHMA MANY YEARS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERFORAL ARTTRIOSCLETOSIES ASHD Page 4 may be retained by the invaporation of FUNERAL DIRECTOR: After this certificate has been as the 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍 NO.K for use Health 21g ACCIDENT WAS UNDERLYING 216. TIME OF INSURY NO NE 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) Month Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. (If either, notify medical exominer) detached 21e PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State OFFICE BUILDING, ETC. While Nat while at work 22a. I certify that (!) (this hospital) attended the deceased from 6 June, 1968, ta 14 June, 1968, that (!) (we) last saw the deceased alive an 13 June 1968, and that in (my) (our) apinian death accurred an the date and haur and from the shauld causes stated abave, (i) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED 6-14-68 DEGREE DIRECTOR director, page Sepond be filed 22d. PHYSICIAN'S 22e. ADDRESS F. S. Colewell NAME (Type) Montg. Co. Md. 23c NAME OF CEMETERY OR CREMATORY Forest Oak 23d LOCATION (City or Town) (State) 230 BURIAL CREMATION REMODIALITISME ALLI (County) Gai thersburg Montg Md Ernest C. Gartner. Gaithersburg. Md REGISTRAR'S SIGNATURE 25a. REC'D, BY REGISTRAS VR A15 (4) 30M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

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ı		CEASED-NAME First		Middle		Last		2a DATE OF			2b. HOUR
ı	(1	(pe or print) Tho	MAS	W	D.	AVIS			Month Day	Year	118 M
ı	3. SE		4 RACE			S. DATE OF BI			6 AGE (in years	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS HOURS MAN
	/	MALE	Whi!	万三		March	2, /	885	rast birthday) YRS	MONTHS UATS	HOURS MIN
	7o 8	IRTHPLACE (State or foreign	76. CITIZEN OF WH		8. MARRIED	NEVER MAR	RIED 9.	COUNTY OF			
1		1/ENNA	U.S.		WIDOWED		RCED 🔲		PONT. Co	<u></u>	Md
	10 C	TY OR TOWN OF DEATH	nive st	ME OF HOSPITAL OR INST	ITUTION (HE	iot in hospitol	during most	OCCUPATION t af warldna	(Kind of work done life-even if retired.)	12b. KIND OF INDUSTRY	
	10.	S. IVEL S. S. I		ch, Nusse.		701/01	13d. INSIDE CITY LIMIT		REET AND NUMBER	1051	OFFICE
7		STATE D.C.	13b. COUNTY	C. Kesidence desare	WAS		YES NO		06-32 D	57. N.4	J,
•	14 F	ATHER'S NAME First	Middle	Last	1:	S. MOTHER'S M	AIDEN NAME First		Middle		Last
		Thomas	W.	DAJIS			Gwenll		l'homas		
		WAS DECEASED EVER IN U.S. ARI	MED FORCES?	166 SOCIAL SECURITY NO			- DAUGH		Address		yland
		es, no or unknown) (If yes give v			l M	laybell	e Cox 5	304_K	enwood Ave		y Chase
		 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE 		10			-h -	. 1			NSET AND CEATH
		IMMEDI	ATE CAUSE (a)	C076	no	2 4	12 20	n p	0575	6	HES
		Conditions, if only, which gave		A CONSEQUENCE OF	7.7	γ				8	V
		rise to immediate cause (o),	(b)	S A CONSEQUENCE OF			-				7 = 7
		stating the underlying cause last.	(c)	A CONSEQUENCE OF							
		PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUT	ING TO DEATH BUT NO	T RELATED T	O THE TERMINA	L DISEASE OR CON	NDITION GIVE	N IN PART 3 (a)		
	=	*									
,	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PER	FORMED	20a AUTO	- '		YES, WERE FINDINGS (ONSIDERED IN CE	RTIFYING
X	RTIF					YES					
		21g ACCIDENT WAS UNDERLYIFT OR CONTRIBUTING TO CAUSE OF DEA		Month Doy Year	21c. H	OW INJURY OC	CURRED (Enter n	iature of inju	ry in Part 1 ar Part 2,	Item 18.)	
	MEDICAL	(If either, natify medical exami	iner) P.M.	19	20x 1 215 1	2000000		P*.	-		
	~	2 d INJURY OCCURRED While Not while at wark	PLACE OF INJURY	AT HOME, FARM, STREET, FACTI OFFICE BUILDING, ETC.	OK!) 211 LI	OCATION Stree	et of R h.D. No.	Lify	or Town	County	State
		22a. I certify that (I) (th	is haspital) atte	nded the decease	fram_	1960	, 19	, ta	June 7, 19	<u>८४</u> , that	(I) (we) last
		saw the deceased c	alive an <u>M</u> e, (l) (we) (did) (did nat) view the b	ady after معادد	d that in (m death.	iy) (our) opini	ian death (accurred an the do	ate and haur	and fram the
		226. SIGNATURE	12	lia	Ŋ	ATTENDI	NG 🗷 MED) □	STAFF	DATE SIGNED	4 0
		22d. PHYSICIAN'S	d se	ngen 101	DEG	KEE PHYS. 22e ADD		ECTOR L	PHYS.	-///	<u> 8 </u>
	,	NAME (Type) He	2016	Helge	5	5	415	Co	nn Auc	NW	DC
			DATE /10/68	23c NAME OF C		crematory n Cemer	1		nsburg, k	(Courty)	(State)
-	24	FUNERAL DIRECTOR	-	ADDRESS			2Sa. REC'D BY	REGISTRAR	255 RECUSTRAR	SIGNATURE	-
	Jo	soph Gawler's	Sons 51	30 Wisc. A	v,WW	WashDO	DATE UN 1	1 196	68 fillian	reas Judy	gran .

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Should be filed with the State Dept of Health prior to burial, crematian, or remayal, and in any event, within 72 hear 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 de 603 CERTIFICATE OF DEATH DECEASED-NAME 2g. DATE OF DEATH First Middle Last (Type or print) Owen Dupree DEJARNETT Julieth 12 Day 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR (ast-birthday) Male Caucasian 3 December 1921 7a. BIRTHPLACE (State or fareign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED [3] NEVER MARRIED country Kentucky USA DIVORCED [Montgomery WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH requires that the death certificate be executed within Naval Hospital during most of working life, even if retired) Bethesda, Maryland 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission ar Viand 13b. COUNTY Montgomery Garrett Park YES NO 4512 Strathmore Ave. 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Last Ben.tamin Franklin Dejarnett Ressie Beavin Addres Garrett Park 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Not known Yes, to, at unknown) 401 268 653 Bette Dejarnett 4512 Stratmore Ave. TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Carcinoma of head of pancreas with metastes to liver and lymph nodes. DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 196, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? NO 🗀 YES X 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Tawn While Not while at work director, page 3 should should be filed with the couses stoted obove, (I) (we) (did) (did) at the body ofter death. 22b. SIGNATURE MED D.RECTOR M.D. DEGREE

206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 Item 18.) County State 22a. I certify that (I) (this hospital) attended the deceased from 6 May 19 60, to 12 June 19 60, that (I) (we) last sow the deceased alive an 12 June 19 60, and that in (my) (our) opinion death accurred an the date and hour and from the 22c. DATE SIGNED 13 June 1968 22e. ADDRESS 22d. PHYSICIÁN'S DAVIS, LCDR MC USN Naval Hospital, Bethesda, Md. NAME (Type) 23d LOCAT ON (City or Town)
Rockville, Md. (County) 23c. NAME OF CEMETERY OR CREMATORY (State) 23a BUR AL, CREMATION, 23b. DATE BMOV (Sherry) 6/15/68 Park Lawn Cemetery FUNERAL DIRECTOR
Tyson- Wheeler, 1331 Rockville, Pike Rockville, Md. 25a. REC'D BY REGISTRAR 25b. REG STRARS SIGNATURE 24 FUNERAL DIRECTOR

38613

1958

2b. HOUR

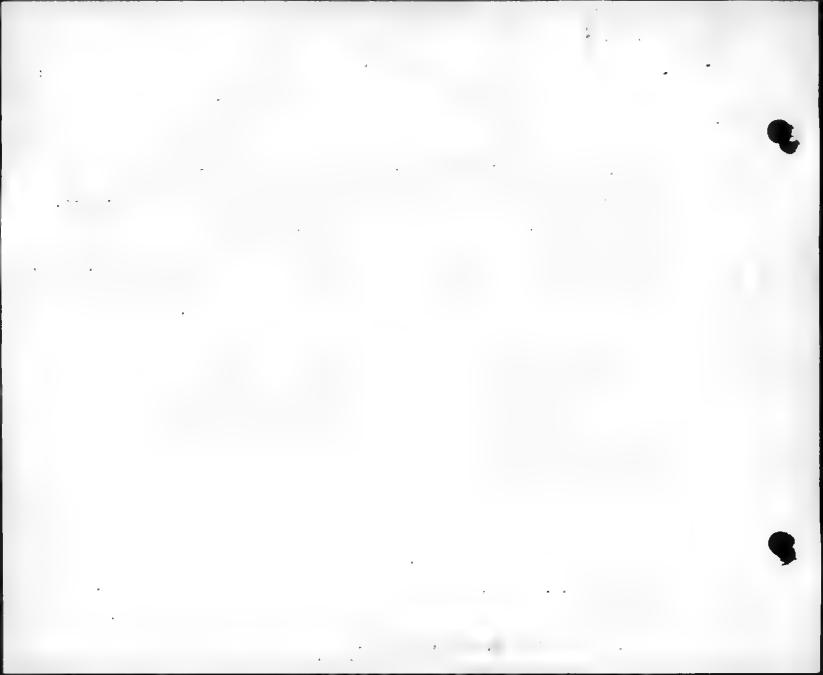
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BETWEEN ONSET AND DEATH

126. KIND OF BUSINESS OR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH DECEASED NAME First Lost 2b HOUR death. pub 30 (Type or pnnt) 4. RACE F JINDER 1 YEAR MONTHS HOURS 200 Caucasiat within 72 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) popers. DIVORCED [7] WIDOWED [requires that the death certificate be executed within 24 the attending physicion and completely filled sit permit. Then please remove corbon popt 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done give street oddress) during most of working ite even if retired.) 13e STREET AND NUMBER 13a USJAL RESIDENCE (Where deceased lived, if institution; Residence before +13c CITY OR TOWN 13d INSIDE CITY LUMITS? 136 COUNTY ontomery Silver Spring YES 3 Janley Road 14 FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Middle Lost John Nannie Sisson Dent 16b. SOCIAL SECURITY NO. 17 INFORMANT Addressey Road 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) 577-05-3482 Mrs. "argaret R. Dent Silver Spring 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY. CardiacArrythmia Due To BETWEEN ONSET AND DEATH IMMEDIATE (AUSE (a) DUE TO, OR AS A CONSEQUENCE OF Cardiac Hypertrophy Canditians, if any, which gave) burnal-transit rise to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse @ PulmonaryFibrosis; Atelectasis Bronchiectasis PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) os the has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING .9a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [O FUNERAL DIRECTOR: After this certificate 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) be retained by the hospital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 21d INJURY OCCURRED 219. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work , 1966, to JUNE 29, 1965, that (1) (we) last causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE JUNE DEGREE DIRECTOR 22e ADDRESS SPRING 22d. PHYSICIAN S ST BEEMAN NAME (Type) J Fu. director 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g. BURIAL, CREMATION 23b. DATE (County) (Stote) KREMOYAL (Specify) Rockville, Maryland 7-2-68 Parklawn Cemetery 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SEGNATURE 24. FUNERAL DIRECTOR ADDRESS raia Ave. Inc. . Imphasiu Silver Spring



HEALTH DEPT. Iny delay is 1 ţ 5 may be retained for your files.

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of O DEPUTY COICAL EXAMINER: Into certificate strong to execute in them 18. Give Pages 1, 2, and necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and necessary, please execute the certificate, writing the ward "bench Madical Examiner's Office along with farm PMI. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with form **DICAL EXAMINER:** This certificate shauld be executed within 24 hours after death Health priar ta burial, cremation, or removal and in any event within 72 haurs after death

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	COC 177 MILDICAL	· FYWIHILLER TA	CENTILICALIE	VI DEAT		44.	
	CEASED NAME First	MENEN	Lost		20 DATE KNOWN A	Nonth Day Y	eor 25 HOUR
	HELEN GE		PRKEN		DEATH MATED 🗌	5 - 8	TO 10 DM
3 5	To CAUC ID-23-	1892 75 Y	MONTHS DAYS	HOURS MIN	HATCHALL TO		2d HOUR
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COAU			DIVO		()	EDV	
10.0		OF HOSPITAL OR INSTITUTE			OCCUPATION (Kind of work		Md DE BUSINESS OR
7.		9 dddssAUREL	OAK DE		of working life, even it reti		2 — 2 —
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-							
14. f	ATHER'S NAME First Middle	Lost	15. MOTHER S MAID				lost
1	CHNK GENNINGHAM		JULI		NOWERY	10	
	VAS DECEASED EVER IN U.S. ARMED EDICES 7 1 166. es, no, opunknown) (If you git of or or or so of so or of so or	SOCIAL SECURITY NO.			UREL CHANGE	, p-	114, MU.
L	YES 11201919	720-44-11	FL JOHN	NJI	15 DONNELL		
	18 CAUSE OF DEATH (Enter on a one course per line to PART I. DEATH WAS CAUSED BY	br (p), (b), one(2))	DIMA	32.10	Ins. Phic		DXIMATE INTERVAL N OHSET AND DEATH
	IMMEDIATE CAUSE (a)	A CONSEQUENCE OF	20, 01,00	1	(17)		
	Conditions, if ony, which gove	A CONSEQUENCE OF	itan K	Idas b	L Myinn	10 0	
	nse to immediate couse (a),	CONSEQUENCE OF	alare 1	3-COCC1	- OCCUBER		
	stoting the underlying couse DUE 10; Ok Ay	ssentia	1 Hes	hon &	ension,		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	D TO THE TERMINA	SEASE OR CONDI	TION GIVEN IN PART 1(o)		
_	4				. ,		
CERTIFICATION	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH O	PERATION			20. Al	JTOPSY?
2		WAS PERFORMED?				YE	ST NOM
CERT	210 EXTERNAL CAUSE WAS 216 T ME OF INJU	IRY Month, Day, Year	21c HOW INJURY OC	CURRED (Enter n	oture of injury in Port 1 or Pe	ort 2, (tem (8)	
퐝	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M	19					
MED	21d NJURY OCCURRED 21e PLACE OF NJURY (A1 ho	ome, form, street,	21f LOCATION Street of	or R F D No	City or Town	County	Stote
	WHILE AT WORK TO FOCTORY, office building, et	(c)					
	220. I certify that I took charge of the r	emains described ebo	ye, held on Auto	psy [],	Inspection 🔀, Inqui	iry 📆 , ond	in my opinion
	deoth resulted from: Natural couses	Acident []	Suicide	Homicide [. Undetermined ma	nner	
	Vh 00	/ // /	CHIE	F MEDICAL EXAM	INER 🗍		
	SIGNATURE / SECULOR	Ten	MD ASSI	STANT MEDICAL I	EXAMINER 228	DATE SIGNED	
	EXAMINER'S B	5)//	DEPL	JTY MED CAL EX	IM NER X	1 81	1910
	NAME (Type) WELDEN /	KEAP.	M.D. ADO		takin by younty)	12 0)1	100
230	BURIAL, CREMATION, 235 DATE BEMOVAL (Specify)		RY OR CREMATORY	1	3d LOCATION (City or Town)		(Stote)
	Burial 6-11-1968		et Cemete		Washington,	D.C.	
24	Joseph Gawler's Sons.	Inc. APPIESO	Wisc. Ave	2So REC'D BY	REGISTRAR 256 REGIS	TRAR'S SIGNATURE	

1968

DATE JUN 11

Charles

VR A15ME (5) 10M REV, 1/68

N.W. Wash. D.C. 20016

TO DEPUTY





HOUR

State

CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH 2b. (Type or print) 3 SEX 4 RACE S. DATE OF BIR IF LINDER ! YEAR lost birthay) MONTHS DAYS HOURS 70 BIRTHPLACE (Stote or foreign 75. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH **NEVER MARRIED** WIDOWED DIVORCED 10 CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPAT ON (Kind of work done Mb. KIND OF BUSINESS OR during most of working ite, even it retired)
HOMEMAKEL REG. NURS INDLISTRY REG. NURSE 13d. INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived f institution Residence before 13e STREET AND NUMBER STATE 135 COUNTY admission) 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle PE TER IDA 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, og phknawn) 36 6039 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise ta immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES DE 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY, 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No City or Town County While Nat while at work at wark ^L 22a. I certify that (1) (this hospital) attended the deceased from 19 (and that in (my) (our) apinion death accurred an the date and have and from the saw the deceased alive an causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION, (County) (State), 24 FUNERAL DIRECTOR 2Sb. REG STRAR'S SIGNATURE

requires that the death certificate be executed within 24 hours after death physician. Poge 4 may be retoined by the hospital or attending OR ATTENDING

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O FUNERAL DIRECTOR: After this certificate has been

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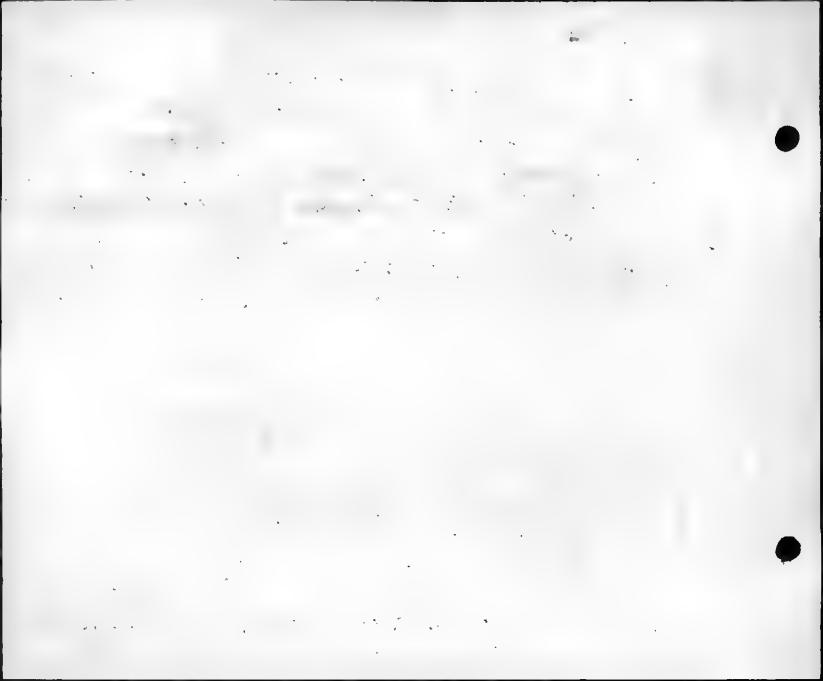
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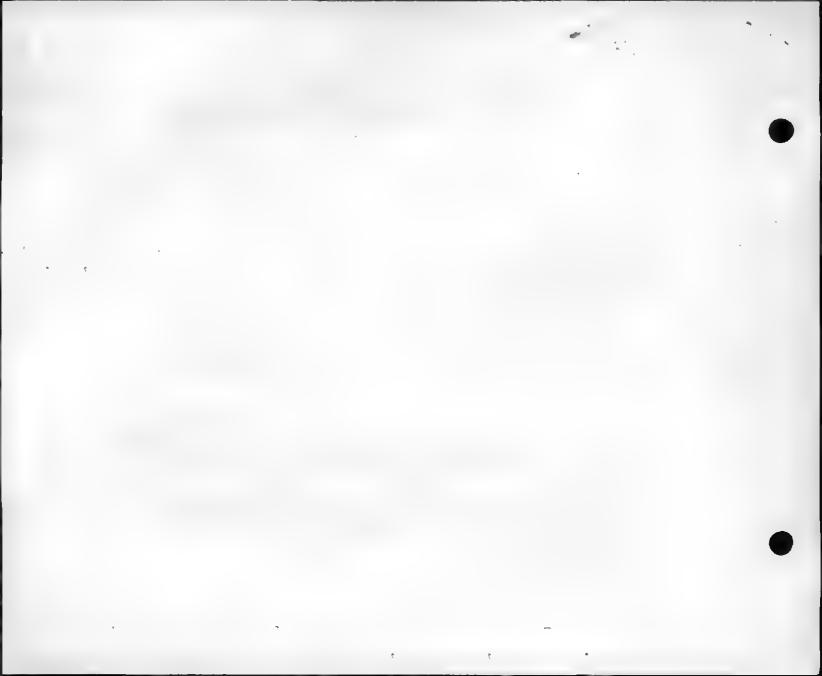
30M REV





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME First Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death (Type or print) Month and completely filled in by the funera-remaye carban papers. Pages 1 and Hanes 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR last birthday) 20 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED TI NEVER MARRIED DIVORCED [WIDOWED N ontgome 120 USUAL OCCUPATION (Kind of work dane during most of working life, even if refired) 30 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hosp to) 126. KIND OF BUSINESS OR give street address? INDUSTRY BETHESDA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 13a. INSIDE CITY LIMITS? 136 COUNTY 4740 on Tamer. YES T andiana 14. FATHER'S NAME Middle MOTHER'S MAIDEN NAME First Middle (Unknown) (Unknown) 6 a 9 Buttermere La 16b. SOPIAL SECURITY NO 16g. WAS DECEASED EVER IN L.S. ARMED FORCES? 17. INFORMANT Yes, no. or unknown) Dyer Bethesda, Md. or remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) ARREST CARDIAL DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) LARDIA FAILURE burial-transit rise to immed ate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause MIYELD BLASTIC LEUKEHIA signed t ALVIE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been the the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 NO 📆 far use Health O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18,) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) detached 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 2 d INLURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from 1977 / 1963, ta June 1977, 1965, that (I) (we) last saw the deceased alive on June 1965, and that in (my) (our) opinion death occurred an the date and hour and from the retained couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS F. O'GONNOR NAME (Type) WISCONSIN director, should 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) (State) Burial (Specify) Gate of Heaven Cem. Silver Spring, Maryland 6-21-68 2So. RECD BY REGISTRAR ADDRESS 24 FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY. Bethesda, Maryland DATE

Ochanter



EALTH DEPT.

Office along with

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⊆ Examiner's

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the certificate,

EXAMINER:

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State with 1 and 2 bages 逗 permit. **burial-transit** 0 20 pe 3 shauld FUNERAL DIRECTOR: Page Ē retained may 0

forwarded to the Chief Medical

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First Middle Lost 2g DATE KNOWN (Type or Print) ESTI-REBECCA GRACE EASTEP DEATH MATED 6. AGE (n years IF UNDER 1 YEAR 3 SEX 4. RACE S DATE OF BIRTH IF UNDER 24 HPS 2c DATE PRONOUNCED DEAD iast birthday) MONTHS HOURS Fomalo White 8-9-11 26 YRS 7b CITIZEN OF WHAT COUNTRY? MARRIED THEYER MARRIED 9 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign country) N.C. DIVORCED U.S.A. WIDOWFD [Montgomery 11 NAME OF HOSP TAE OR INSTITUTION (IF not in haspital 12a JSJA: OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH during most of working life, even if refired) Wash. San. Takoma Park Hosp. death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 33c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY # # # # # odmissian) STATE Md. NO T Greenbelt Springhill ofter IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME First Last First John D. Price Annie SmithRick hours 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes_na, or unknown) (If yes give war or dates of service) UNK. Husband within 18 CAUSE OF DEATH (Enter only one cause per line-for la) (b), and (c) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event \ DUE TO, OR ASJA CONSEQUENCE OF. Canditians, if any, which gave rise to immediate couse (a). any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removal 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? ō 21 g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING MEDICAE cremation, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, factory, other bending, etc.) OCATION Street or R.F.D. No. NOT WHILE AT WORK burial, 220. I certify that I took charge of the remains described above, held on Autopsy Inspection X Inquiry deoth resulted from: -Accident 5 Noturol causes Homicide Undetermined monner CHIFF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER Health Belden R. Reap, MD. NAME (Type) 23a. BUDIAL CREMATION MAME OF CEMETERY OR REMATORY EMETERY ROR 24-FUNERAL DIRECTOR 20012 2So, REC'D BY REGISTRAR

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Day

June 20 1968

INDUSTRY

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126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

BETWEEN DWISET AND DEATH

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and in my pathion

(State)

(ounty

22b DATE SIGNED

6:04

2d. HOUR

VR A15ME (5) 10M REV 1/68 Maria



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

61

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

Page 4 may be retained by the hospitol or attending physician.

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	ECEASED-NAME (ype ar print)	First William NMN	Middle EBERLIN		Last		2a DAT	Tur Menth	Day	1988	2b. H	OUR
D. CE					C DATE OF O	0.714				IF JINDER I YEAR		,
3. SE	Male	4 RACE Cauc	asian		S. DATE OF BI 20 OC	rin T 188	3	6 AGE (In	ryears nday) YRS.	MONTHS DAY		Mill.
	SIRTHPLACE (State or foreignery) WYORK, N.	. USA		WIDOWED [RCED 🗀	Мо	y of DEATH ntgomer				Mo
	ethesda, Ma		FHOSPITAL OR INSTIT Culdress) I Hospita		ot in haspital			HON (Kind of w king life, even i		12b. KIND (OF BUSINESS	OR
	USUAL RESIDENCE (Where issian) STATE aryland	deceased lived, if institution, R		Bethe		13d. JNSIOE CITY YES X		e, STREET AND N 400 Eas		High	way	
14	FATHER'S NAME First	Middle	Last	15	MOTHER 5 MA	AIDEN NAME	First		Middle		Lost	
	Charles Eber	clin			Alice	Frett	8					
16a.	WAS DECEASED EVER IN U		SOCIAL SECURITY NO.	17 11	NFORMANT				Address	Bet	hesda	
Y	es po or unknown)	and a second control of the second of the se	8 48 1866	5 W-	1371em	G. Eh	erlin	8707 I	mri ned			
=				- 11.	L dads d. Q 111	0. 40	01 1111	0101 1	* A T 1162 (OXIMATE INTERV	AL
		nter only one couse per line for		T. T.						BETWEE	N ONSET AND DE	ATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) MYocardial Infarction											
	4109	4/09 DUE TO, OR AS A CONSEQUENCE OF										
	Canditions, if any, which gave											
	rise to immediate cause (a). stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF											
	lost (c)											
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)											
NO	1 1. 1											
	19a. DATE OF OPERATION	196 CONDITION FOR WHICH O	PERATION WAS PERF	DRMED	20a. AUTO	PSY?		Ob IF YES, WERE		INSIDERED IN	CERTIFYING	
MEDICAL CERTIFICAT				YES 🗀	NOX		AUSES OF DEATH?	ł				
SE SE	21a. ACCIDENT WAS UND	ERLYING 216. TIME OF INJU	IRY	21c HC	W INJURY OCC	URRED (Ent	er nature af	Einjury in Part 1	or Part 2, I	tem 18)		
S	OR CONTRIBUTING CAUS		inth Day Year			· ·						
MEDI	(If either, natify medical 21d INJURY OCCURRED		19 DME FARM STREET FACTOR	215 10	CATION Street	t or D.Ch. N		City or Town		County	42	ate
_	While Nat while	21e. PLACE OF INJURY (AT HO	E BUILDING, ETC.	7 211. 10	CATION 5100	OEK.EJO N	ŭ	City ut town		Contilly	31	0.6
	at work at work				- Introd		. .	E Trime	10/	. V	. (95. /	1 1
	22a. I certify that (1) (this haspital) attended the deceased from 5 June 1968, ta 5 June 1968, that (1) (we saw the deceased give an 1968, and that in (my) (aur) applied a from 1968 and hour and from										e) las	
	saw the deceased alive an 1900, and that in (my) (aur) apinian death accurred an the date a causes stated above, (I) (we) (did) (did not) view the body after death.									ie and nat	ur ana trai	m the
	22b SIGNATURE	andre, (i) (we) (ala) (ala	ilal) view life ba	dy difer c	icum.				22- 0	ATE SIGNED	-	
	220 SIGNATURE	_ 1	м 1	D. DEGR	ATTENDI		MED.	STAFF		June	1068	
		7 Charles	1,1 0,1	₽ ⊕ ĐEGK	1111.5		DIRECTOR	PHYS.		, oune	1900	
	22d. PHYSICIAN'S NAME (Type)	.c. Johnson L	T MC USN		Nava		pital	, bethe	sda, N	1d.		
	BURIAL, CREMATION,	23b - DÁTE	23c NAME OF CE				23d LO	CATION (C ty ar	Tawn)	(County)	(State)	
	Bene (Pagecity)	6-10-68	Arlingto	on Nat	tional		Ar	lington	, Va.			

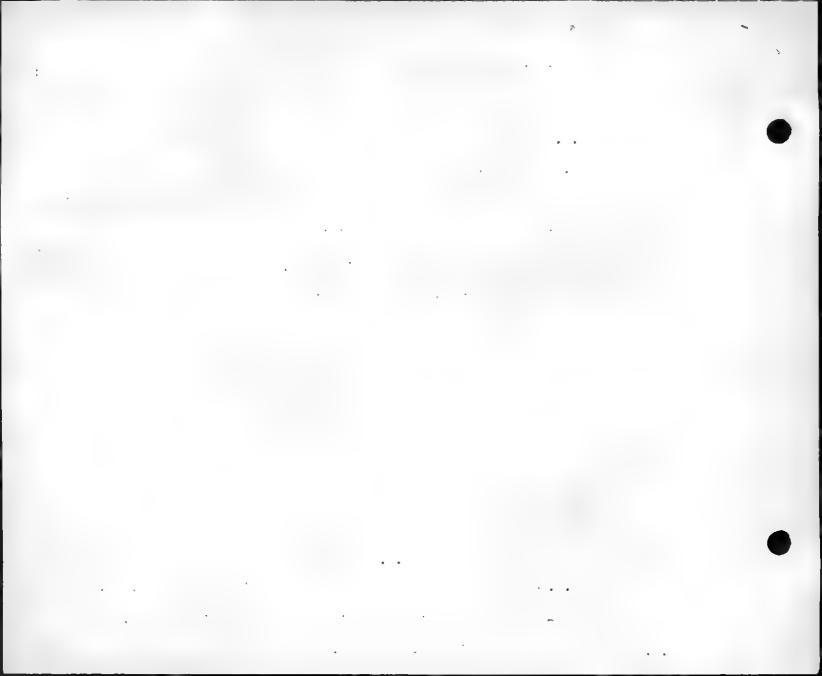
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely sitted director, page 3 should be detached far use as the buriol-transit permit. Then please remove corben page should be filed with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 7. VR A15 [4] 30M REV 1/68

FUNERAL DIRECTOR PUMPHREY 7557 Wisconsin Ave. Bethesda, Md

2SG RECD BY REGISTRAR DATE JUN 10

(County)

(State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle DECEASED-NAME Lost 2g, DATE OF DEATH 2b. HOUR (Type or print) Manth GERALD JAMES EDGLEY, SR. June requires that the death certificate be executed within 24 hours after S. SEX 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years last birtheav) MONTHS DAYS 2/1/12 Male White a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED country) WIDOWED [7] DIVORCED | Montgomery Lowa 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address)
Holy Cross Hospital during most of working life, even if retired) UNDUSTRY Construction Silver Spring ectrician 30. USUAL RESIDENCE (Where deceased lived if institution: Residence before 113c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LUNHTS? odmission) STATE 13b. COUNTY YES [4506 Glasgow Dr. Sil Spr Montgomery Marvland 14 FATHER'S NAME First 15. MOTHER S MAIDEN NAME First John Edgley Cecelia Haase 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Wife. Address [(If yes give war or dates of service) 480-07-0795Philimene Edgley 4506 Glasgow Dr. Sil.Spr., Md. signed by the attending burial-transit permit. Th 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY. DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) O FUNERAL DIRECTOR: After this certificate has been 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 📑 NO C by the haspital or 210. ACCIDENT-WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 216 TIME OF INJURY TO DR CONTRIBUTING COMISE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D., No. City or Town County State While Nat while at work 22a. I **certify** that (1) (this haspital) attended the deceased from 757, 19, ta 73,000, 19, 8, that (1) (we) last saw the deceased alive an 10,000, and that in (my) (our) apinian death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 225 SIGNATURE 1 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR DEGREE 22d. PHYSICIÁN'S NAME (Type) M. L. hite Holy Cross Hospital, Silver Spring, Ed. 23d LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY -REMOVAL (Specify) 6/17/68 Gate of Heaven Cem. | Silver Spring Monte 2Sa. REC'D BY REGISTRAR My Funeral Director Funeral Home 1331 Rock Pike 2Sb REGISTRAR'S SIGNATURE 1 R 1968 Rockville, Maryl PATE JUN



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME Middle 2a. DATE OF DEATH (Type or print) 6 AGE (In years IF UNDER 1 YEAR 3. SEX 4. RACE ast birthday) MONTHS 9 COUNTY OF DEATH In BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED PT NEVER MARRIED DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of warking life, even if retired.) HOUSE 13c. CITY OR JOWN HSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) STATE 13b. COUNTY Middle 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na. ar unknawn) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Myocardial infarction, recent and old IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Coronary arteriosclerosis Canditians if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? NO [YES 🔲 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) State 21f. LOCATION Street at R.F.D. Na. City or Town County OFFICE BUILDING, ETC. While Not while at work 220. I certify that (I) (this bespital) attended the deceased from 5/1/, 19 6 7, that (I) (we) last sow the deceased alive on 6/1/ 19 68, and that in (my) (our) opinion death accurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS

22a, ADDRESS

2Sa REC'D

(State)

(Caunty)

NAME OF CEMETERY OR CREMATORY

Page 4 may be retained by the hospitol or ottending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoche should be filed with the State Dept. 30M REV. 1/68

22d. PHYSICIAN'S

23a. BURIAL, CREMATION

FUNERAL DIRECTOR

NAME (Type)

23b DATE

should be detoched for use os the ith the State Dept. of Health prior to

ottending physician and completely filled in by the Tuneral permit. Then please remove carbon papers. Pages Land 2, on, or removal, and in any event, within 72 hours after death

burial, cremation, or removal, and in any event,

signed by the burial-transit p

‡

requires that the death certificate be executed within 24





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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		C	ERTIFICA	TE OF D	EATH				23		
1. DECEASED-NAME (Type or print)	First William	Middle Rober	t ETC	Last IER		2a DATE OI June		Day Ye	10e	b. HOUR	
3 SEX	4. RACE			. DATE OF BIRTI		0 4110	6. AGE (In years lost_birthday)	IF UNDER 1		DER 24 HRS.	
Male 7a BIRIHPLACE (State o		Casian WHAT COUNTRY?		Dec. 1,		. COUNTY OI	1 / 1	rrs.		1	
country)		WHAI COUNIET?	_	NEVER MARRIE	DEF.						
Florida 10. CITY OR TOWN OF D	USA	NAME OF HOSPITAL OR INST	WIDOWED				gomery (Kind of work do	no 1396 Pr	ND OF BUSIN	Md	
Bethesda.	Md.	e street oddress) [aval Hospit	al.		during mo	of working	glife, even if retire	d) INDUST	N/A	IESS OK	
13a. USUAL RESIDENCE (odmission) STATE O	Where deceased lived, if institution I3b. COUNTY	tution: Residence before	13c. CITY OR T		ES NO		TREET AND NUMBER 1552 Rose				
14. FATHER'S NAME Robert	W. Etcher	Lost	15.	MOTHER'S MAID Bessi	en name fir e Slat		Middle	è	Lo	sl	
16a. WAS DECEASED EVE Yes, no, or unknown)	R IN U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY N		ormant Rober	t W. E	tcher	, 1552 Ro		Oni		
Canditions, if any, rise to immediations, if any, rise to immediations to the under lost. PART 2. OTHER SIGNATE OF OPER/	which gove a couse (o). Iving couse SNIFICANT CONDITIONS CONTRI	TETROLOGY R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF	OF FAL			20b. I	en in Part 1(0) F yes, were finding S of Death? Ye	GS CONSIDERED) IN CERTIFY		
20 JOHNS 21a. ACCIDENT W/	S JNDERLYING 216. TIME HOUR A.I	OF INJURY A. Manth Day Year		V INJURY OCCUR		nature of inju	ury in Part 1 or Part	t 2, Item 18.)			
While Not wh	RRED 21e. PLACE OF INJUR	Y (AT HOME FARM, STREET FACT OFFICE BUILDING, ETC.					y ar Town	County		State	
220 I certify	220 certify that \$1 (this hospital) ottended the deceosed frantune 11 , 1968 , to June 21 , 1968 , that \$1 (\$\text{is}\$ (we) lass saw the deceased ative an June 21 , 1968 , and that in \$100 (aur) apinian death accurred on the date and haur and fram the causes stated above \$1 (we) (did) (\$135,60) view the body after death.										
22b. SIGNATURE	22b. SIGNATURE ATTENDING MED STAFE 22c. E								ED 21, 19	968	
22d. PHYS CIAN'S NUME (Type)	JAMES E DAV				L Hosp		Bethesda				
230. BJRIAL, CREMAT OF REMOVAL (Specify)	6-25-		t Memor	rial Ga	rdens		ON (City or Town) Cranbert	ry Bena	ngo F	enn.	
24 FUNERAL DIRECTOR	Robert A Pur	nhrey PADORES	al Home	e 2	So REC'D BY	REGISTRAR	2Sb. REGISTR	AR'S SIGNATUR	¿E		

7557 Wisconsin Ave., Bethesda, Maryland

1968

DATEU

TO FUNERAL DIRECTOR: After this certificate has been signed by the arending prysician and campletely filled in the funeral director, page 3 shauld be detached for use as the burnal-transit permit—they please remave carban pagers—tages I and 2 should be filed with the State Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 hours offer death. VR A15 (4) 30M REV, 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First U AMERICA Middle A CN ALL lost Paragar DECEASED-NAME 2o. DATE OF DEATH 2b. HOUR 24 hours after death tunerol dand (Type or print) 3 SEX 4. RACE S. DATE OF BIRTH IE UNDER 1 YEAR 6 AGE (In years IF UNDER 24 HRS lost birthday) DAYS 12-18-MONTHS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED WIDOWED 52 DIVORCED | 120 USUAL OCCUPATION Kind of work done IO. CITY OR TOWN OF WEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR requires that the death certificate be executed within with give street oddress) during prost of working life, even it retired) INDUSTRY corbon event. 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13h. COUNTY YES 🗀 please remove 14. FATHER'S NAME MOTHER'S MAIDEN NAME First 16b SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes grye war or dates of service) 16. CAUSE OF DEATH (Enter only one couse per June for (a), (b), and (c) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 6 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) burial-tronsit rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse signed PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been the 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING DATE OF OPERATION 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 for use Heolth certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. (If either, natify medical examiner) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while of work O FUNERAL DIRECTOR: After this 22a. I certify that (I) (this haspital) attended the deceased from 3 17 , 1960, to 17 tune, 1960, that (I) (we) last saw the deceased alive on 1960, and that (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (gid nat) view the bady ofter death. 12b SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. director, page 3 should be filed v DEGREE PHYS DIRECTOR PHYS CIẨN S 22e ADDRESS NAME (Type) Joseph F.Schanno

23c NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

Wisc. Ave.

23d LOCATION (City or Town)

2So. REC'D BY REGISTRAR

Brooklyn, New York

25b REGISTRAR'S SIGNATURE

VCharley

(County)

(Stote)

Vergen

VR A15 (4) 30M REV 1/68

230 BURIAL, CREMATION

23b DATE

.W. Wash. D.C. 20016

oseph Gwler's Sons, Inc., 5130

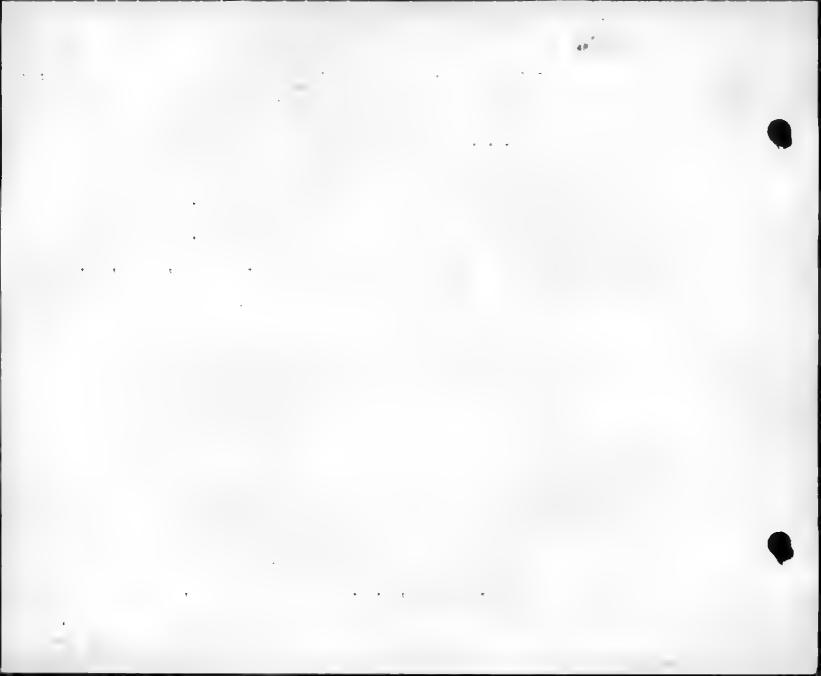
6-7-1968



1			DIVISIO	N OF VITAL RECORD				MORE, MA	RYLAND 21201			
1 4-1		00023			CERTIFIC	CATE OF	DEATH			* 6	:8:	
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PHYSICIAN: The low requires that the death certificate be executed within 24 hourse hospital or ottending physician. In serificate hos been signed by the attending physicion and completely filled in the standard for use as the burial-transit permit. Then please remove carbon papers beat the filled in the please remove carbon papers. Dept. of Health prior to burial, crematian, or removal, and in any event, within 74 hourself.	16a.	WAS DECEASED EVER IN U.S. po. er unknown) (II yes	ARMED FORCEST	16b. SOCIAL SECURI	TY NO. 17			FOR	LAUDERD 949 SE 22	ALE, F	LORID	
Ter of The off		18. CAUSE OF DEATH (Ente	r only one cause							APPROXIA	NATE INTERVAL NSET AND DEATH	
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ATÉ PER		22b SIGNATURE/	ove, (i) (we)	(did) (did fibr) view ir	k bouy oner	ueom.				ATE SIGNED		
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O HOSPITAL Page 4 may O FUNERAL director, page	23a	BURIAL, CREMATION, 2 RECOVER STATE	3b DATE 5-11-6		OF CEMETERY OR				DN (City ar Town)	(County)	(State)	
5-5	24	FUNERAL DIRECTOR		ARLIT		NATION	2Sa. REC'D, BY,			VIRGIN	IA	
VR A15 (4) 30M REV 1/68		.A. PUMPHR	EV PIIN			TOTAL	ZUG. KIL DIĞİ	N°T3	1968 REGISTRANS	The state of	udges	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle. Last 20. DATE OF DEATH 2b. HOUR-(Type ar print) Month June Nellie: Filling Morr 3 SFX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNCER 1 YEAR last buthday) DAYS White 11/7/95 Female. 7g BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED requires that the death certificate be executed within 24 hour illed in papers. country) DIVORCED [7] U.S.A. WIDOWED-F Maryland Montgomery 12o. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) give street address) INDUSTRY please remove carban Olney Montgomery General Pospita owner restaurant event, 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY JUM-TS? 13e. STREET AND NUMBER Maryland 13b COUNTY Howard YES 🖂 Cooksville Rt. 97 and in any 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First First Last Middle Lost Bremmer Charles White Sarah 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Records Address I (If yes give war or dates at service) Yes, na. ar unknown) or removal, 215 01 7693 Montgomery Gen. Hospital, Olney, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic myocardial failure 6 months DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) Coronary sclerosis 10 vears nse to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART !(a) has been 9n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🖂 NO1 O FUNERAL DIRECTOR: After this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of Injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If a ther, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. City of Town County Stote While Not while at work 22a. I certify that (I) (the topology attended the deceased from Aug. 26 , 19 47 , to June 16, 19 68 , that (I) (1) say last saw the deceased alive an June 16 19 68 , and that in (my) (our) apinian death accurred an the date and hour and from the saw the deceased alive an___ be retained causes stated above, (!) (sex (did nat) view the bady after death. 22b SIGNATURE/ 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS. 6/17/68 22d. PHYSICIAN S 22e ADDRESS NAME (Type) Charles S. Uhitaker, M. D. Clarksville, Maryland directar, Pho uld 23d LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, (County) (State) REMOVAL Specify Woodlawn Baltimore MdADDRESS FUNERAL DIRECTOR 25a REC'D BY REGISTRAR

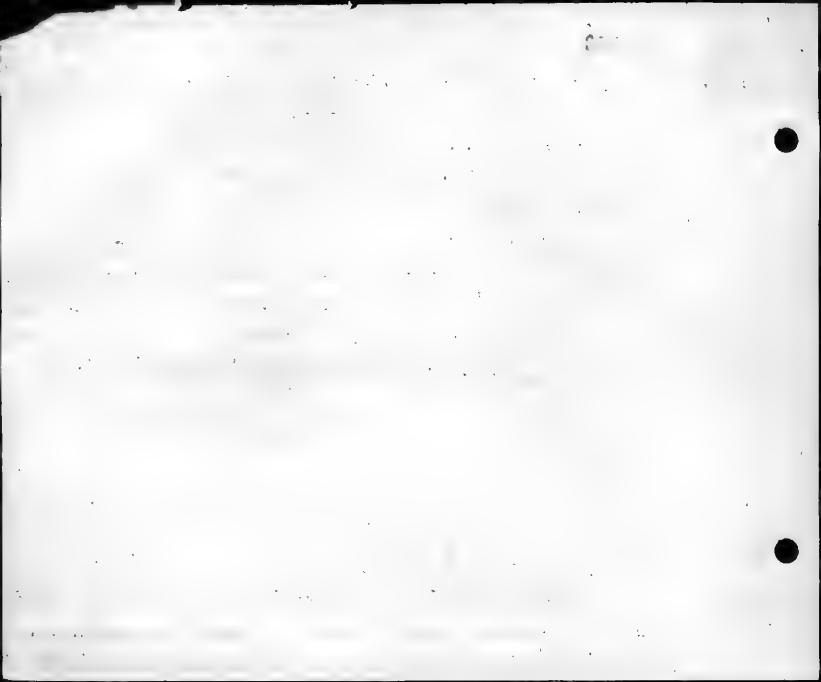


DEPARTMENT OF HEALTH



I. DECEASED-NAME First Middle 20 DATE OF DEATH 2b. HOUR (Type or print) Month AUGUSTUS 0 after 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last bythday) MONTHS OAYS HOURS 8-30-1909 7o. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED K NEVER MARRIED South Carolina U.S.A. WIDOWED F DIVORCED [Montgomery County within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) 6406 EImwood Road during most of working life, even if retired) INDUSTRY (Kenwood Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER 136. INSIDE CITY LIMITS? 13b. COUNTY Hontgomery YESF remave 6408 Elmwood Road Bethesda 14 FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Inst = Bernard A. Foster Lily Harris Veazey guo 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, or unknawn) [If yes give wor or dates of service] 249-50-5534 Cecile Foster. Wife. same as remaya 1B. CAUSE OF DEATH (Enter only one cause per line for to), (b), and (c).) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Б IMMEDIATE CAUSE (o) Canditions, if any, which gave t rise to immediate cause (o). DUE TO AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIRACT OR CONDITION GIVEN IN PART 1(g) as the prior ta 1 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO Z 270. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY ģ OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy Year (If either, notify medical exominer) P.M. detached 21d. INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State OFFICE BUILDING, ETC. While Not while at work 22a. I certify that (I) (this hospital) attended the deceased from saw the deceased olive on 1965 a 196 Sand that in (my) (our) opinion death occurred on the date and hour and from the , page 3 shauld be filed with the causes stoted above, (1) (we) (did) (did not) view the bady after death. 226. STONATURE DATE SIGNED ATTENDING PHYS DIRECTOR PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) director, shauld b 23g. BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) (County) Burial (Specify) 6-10-1968 Parklawn Cometery Rockville Mont FUNERAL DIRECTOR Gawler's Sons, Inc. **ADDRESS** 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 5130 Wiso. Wash. D.C.

aw requires that the death certificate be executed within 24 haurs after death. I D tureral campletely filled in by the face carbon papers. Pages please attending p signed by the after burial-transit perm burial, crematian, a has been O FUNERAL DIRECTOR: After this certificate be retained



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FOR STATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
HEALTH DEPT.	1 DECEASED		MEDICAL L	Middle	lost		2a DATE KNOWN Mont	h Day Yeor	2b. HOUR	
×	{Type ar	Print) MARIE	A	. F	RATAN TUON		OF ECTI	. 4	810A M	
deloy and 3 w3 Por tmen.	3 SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	F JNDER I YEAR MONTHS DAYS	F JNDER 24 HRS HOURS MIN.	2c. DATE PRONOUNCED DEAD		2d HOUR	
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To City OK IOWN OF DEATH To Make OF Hospital OK Institution (it not in hospital 126, USUAL OCCUPATION (Kind of work dane 126 K!) Give street address) Give street address)										
offer of order with	130 USUAL	RESIDENCE (Where deceased	lived if institution Res	idence before 13c CIT	Y OR TOWN 3d.		13e STREET AND NUMBER			
2 8 2 3 8/2	admissiai	n) STATE Md.	13b. COUNTY Montgom	ery Be	thesda	YES NO	5630 Lamar	Road		
hours Item 18 Office of	14 FATHER S	S NAME First	Middle	Last	15. MOTHER 5 MAIDE		Midale	Last	1	
24 in Fris (Nicola		Sino		aria Ros	a Marchiesel	10		
executed within 24 inding" in pencit in Medical Examiner's t permit. File poges nt within 72 hours	(Yes, no, o	CEASED EVER IN U.S. ARMED FOI or unknown) (If yes give wo		IAL SECURITY NO	17. INFORMANT	30 - 32 - 3 °	ADDRESS	a uhan Da	D.C.	
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be executed "pending" in nef Medical E. sunsit permit. Fevent within	3B. C	AUSE OF DEATH (Enter only PART I DEATH WAS CAUSED E	ane cause per ine for (a)), (b), and (c))) 11	- /	7-1-	BETWEEN ONSET	AND DEATH	
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			ACE OF INJURY (At hame, ry, affice building, etc.)	farm, street,	21f LOCATION Street or	R.F.D. No	City or Town	Caunty	State	
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necessary, plea the funerol dire 5 may be retai 70 FUNERAL DIF Health prior to	23a BUR A	L, CREMATION, 23b D.		3c NAME OF CEMETER			LOCATION (City or Town)	(County) (S	tafe)	
	REMO	Suriar 6-6	5-1968		= Cemeter		shington, D.	. ,,	,	
	24. FUNERA	AL DIRECTOR	Cana Tra-			V	STRAR 2Sb. REGISTRAF	'S SIGNATURE		
VR A15ME (5) 10M REV. 1/68	NH	cph Gawler's	20016	, DI30 WI	sc. Ave.,	DATE JUN	6 1968 00	Garle O.		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DATE OF DEATH DECEASED NAME First Middle 2b. HOUR requires that the death certificate be executed within 24 haurs after death (Type or pont) 4. RACE IF JNDER YEAR IF UNDER 24 HRS 6 AGE (In years last birthday) MONTHS 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fareign 8. MARRIED TY NEVER MARRIED WIDOWED" DIVORCED [filled dbd burial, crematian, ar remaval, and in any event, within 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USWAP OCCUPATION (Kind of Work done give street address) mast of warking life, even if retired.) attending physician and campletely fi sermit. Then please remove carbon 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY 134 INSIDE CITY LIMITS? IS MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Lost 160, WAS DECEASED EVER IN U.S. ARMED FORCES? INE RMAN 66 SOCIAL SECURITY NO Yes, na, ar unknown) (If we give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY permit. Congestive heart failure IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave signed by the burial-transit Arteriosclerotic nephropathy rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) Emphysema bullous, marginal gastric ulcer prior ta Page 4 may be retained by the hospital ar attending has been for use as the 19b DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TET NO [Health r O FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Tawn County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from Proceeding, 1960, to 1962, 1962, that (1) saw the deceased alive an Mezi 10] _19 65 and that In (my) (evr) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (that not) view the body after death. 22b SIGNATURE 22c. DATE SIGNED **ATTENDING** PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Edward S. Witowski 8218 Wisc. Maryland NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION. 23b. DATE 24 FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SEGNATURE 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME 2a. DATE OF DEATH First Middle 2b. HOUR_ (Type or print) Month Edward 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last buthday) MONTHS HOURS YRS 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) nontromERG DIVORCED [WIDOWED MARYLAND 12a. USUAL OCCUPATION Kind of work dame 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give-street oddress) during most of working life, even if retired.) INDUSTRY tops da 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b. COUNTY MONEY 14. FATHER'S NAME MOTHER'S MAIDEN NAME First Middle 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) [(If yes give war or dates at service) 416 E DIAMOND AVE APPROX MATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES | NO Z 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from ond that in (my) (aur) apinian death occurred on the date and hour and from the saw the deceased olive on.... couses stated above, (I) (we) (did) (did not) view the body after deoth. 22c DATE SIGNED 22b. SIGNATURE ATTENDING DEGREE DIRECTOR PHYS. PHYS 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) 23a BUR.AL, CREMATION, 23d LOCATION (City or Town) REMOVAL (Specify) 24. FUNERAL DIRECTOR

O FUNERAL DIRECTOR: After this certificate has been director, page 3 VR A15 (4)

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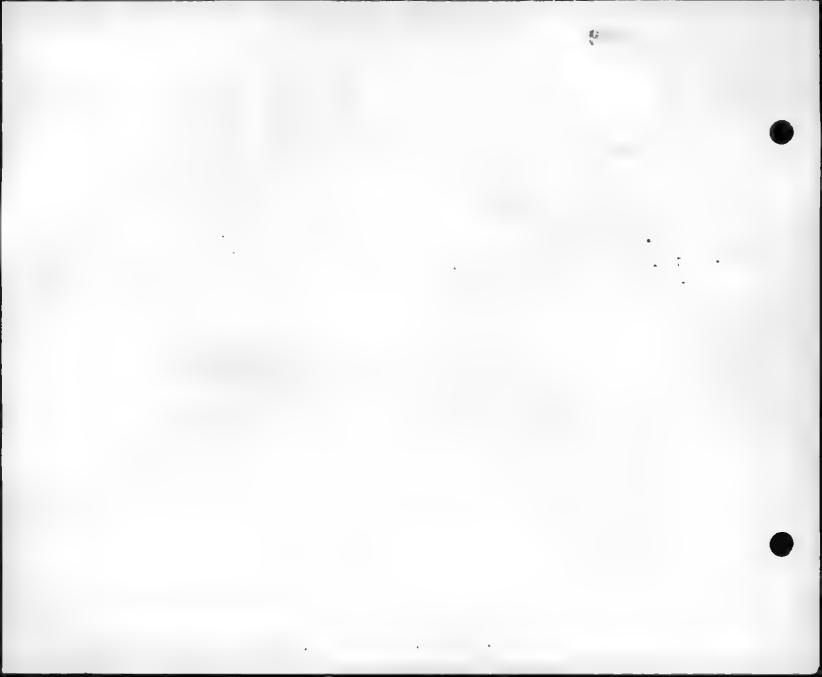
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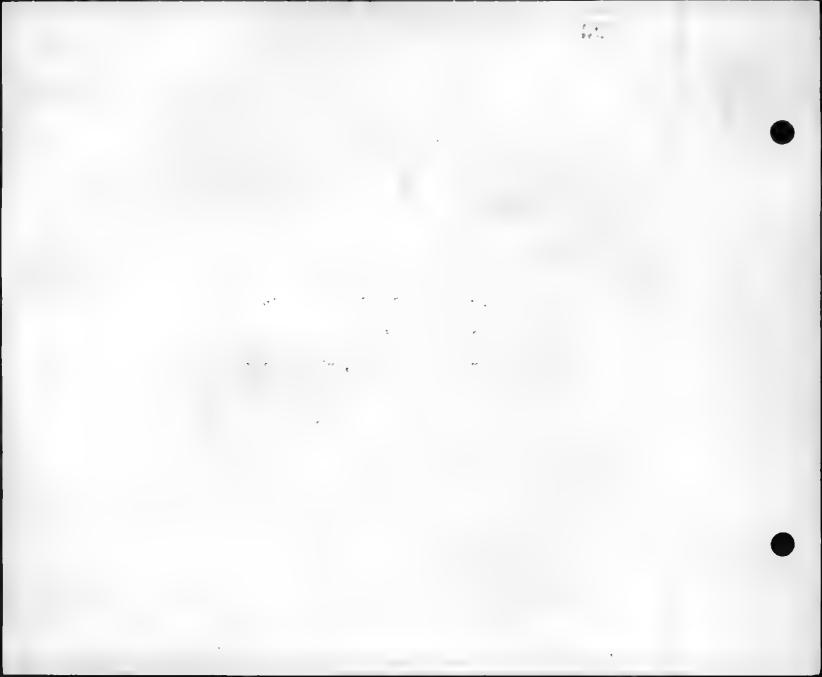
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30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME 2a DATE OF DEATH Last 2b. HOUR (Type or print) 1512 6 AGE (In years last buthday) 4. RACE DATE OF BIRTH IF UNDER I YEAR 3. SEX HOUR5 event, within 72 hours aft 76 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH B. MARRIED M NEVER MARRIED the attending physician and completely filled in by sit permit. Then please remove corbon papers. requires that the death certificate be executed within 24 hou COLDINE! WIDOWED T DIVORCED [IO. CITY OR TOWN OP DEATH 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life eyen if retired) INDUSTRY give street oddress) 13a USUAL RESIDENCE (Where decreased lived, if institution Residence before 13c CITY OR JOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY No 🗔 ond in any IS MOTHER'S MAIDEN NAME First Middle 14. FATHER S NAME First Last 5220 SADIE 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INEORMANT Yes, no ocuplenown) or removol, 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hypostatic lobular pneumonia 3 days IMMEDIATE CAUSE (a) Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Carcinematesis buriol-tronsit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause signed 4 vears (d) Primary carcinoma, right evary PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the hos been 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES. No [for use Health 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBLTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at work O FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased from saw the deceased glive an 010 (0190 19 and that in (my) (aur) apinion death accurred on the date and hour and from the saw the deceased alive an.... be retoined causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b SIGNATURE. 22c DATE SIGNED ATTENDING PHYS d998 DEGREE DIRECTOR director, poge should be filed Page 4 may 22d PHYSICIAN'S 22e. ADDRESS (8 w15 cousin NAME (Type) 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) BURIAL, CREMATION EMOVAL (Specify) HEV LEDEK HANCUER **ADDRESS** REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **SÚNÉRAL DIRECTOR** VR A15 [4] 30M REV, 1/68

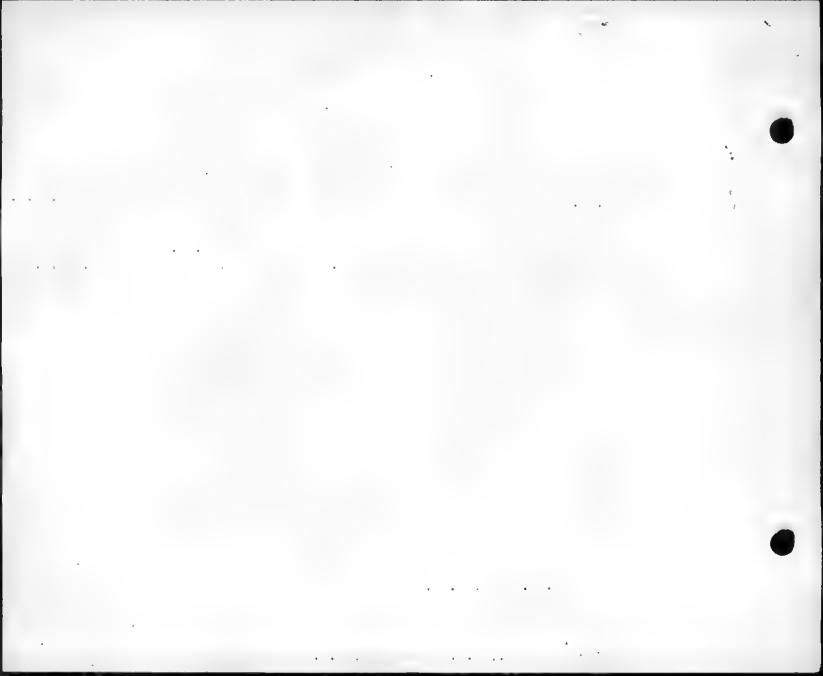


DATE

24. FUNERAL DIRECTOR Jos. Gawler & Sons

Wisconsin Ave., N.W. Washington, D.C.

30M REV



0 1	MARYLAND STATE DEPARTMENT OF HEALTH OF SECONDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Trem GLOMEDICAL EXAMINER'S CERTIFICATE OF DEATH	. E 3 in
HEALTH DEPT.	1 DECEASED-NAME First Middle Last 20 DATE KNOWN Month	Doy Year 2b HOUR
ay is Poge	(Type or Print) NINA GABRILOVITCH OF ESTI- DEATH MATED 6	24 168 4:05
delay one 3	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years 15 JNDER 1 YEAR 15 JNDER 24 HRS 2c DATE PRONOUNCED DEAD Month June Doy 24	Year 1968 4:054
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24 hours in item 1 tr Office ss land 2 rs after o		louchovski
within 24 n pencil in Exominer: File pages 72 hours	166 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown)	
should be executed e ward "pending" is the Chief Medical urial-transit permit.	18. CAUSE OF DEATH (Enter on y one cause per line facto) (b) and (b) PART 1 DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave INSECUTED CONSEQUENCE OF Conditions and the cause (a), stating the underlying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	BETWEEN ONSET AND DEATH BUCY
his certificate shate, writing the eforwarded to the be used as a burremoval, and in	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year 21c, HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 1st	20 AUTOPSY? YES NO
- 進号	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day, Year PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist PRIMARY OF COURSED (Enter nature of injury in Part 1 or Part 2, Ist Part 1 or Part	em 18) County State
	WHILE NOT WHILE factory, office building, etc.)	
o DEPUTY SICAL EXAM necessory, please execute if the funeral director. Page 4 5 may be retoined for your 5 FUNERAL DIRECTOR: Page Health priar to burial, cren	22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry death resulted from: Natural causes Accident, Suicide, Homicide, Updetermined manner CHIEF MED CAL EXAMINER	
TO DEPUTY necessory, the funera 5 may be TO FUNERAL Health pri	NAME (Type) 230. BUR AL, (REMAT ON REMOVAL (Specify) 231. DATE 232. NAME OF CEMETERY OR REMATORY 233. LOCAT ON (City or Town) 234. FUNERAL DIRECTOR ADDRESS 1250. REC D. BY REGISTERS 1250. REC D. BY REC D.	(County) (State)
VR A15ME (5) 10M REV 1 68	WWGHOMB=DS 14CHAPUSIUN DATUN 28 1968 GELLES	by Joseph o



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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME 2b. HOUR A First Middle Last 2a. DATE OF DEATH (Type or print) Month YROT 1060 Rances IF UNDER 1 YEAR 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 3. SEX Concarion 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED DV DIVORCED Montgomery WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress). during most of working life, even if retired.) **INDUSTRY** Silver Spring. Nursing Kome 13c CITY OR TOWN 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Brooklun odmission) STATE YESTX 13b COUNTY Brooklyn 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Lost Thomas Galwey Mary Hart 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) I (If yes give wor or dotes of service) 15th St. 105-26-3949A Col. Geoffrey Galwey 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave t rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a) 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🖂 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Manth Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County Stote While Not while at work 220. I certify that (1) (this hospital) attended the deceased from 17/0, 1967, to 1967, to 1967, that (1) (we) lost saw the deceased alive on 1968, and that in (my) (our) apinion death accurred on the date and haur and from the couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING**

by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate adirector, page 3 should be detached for us llage 4 may be retained

mayines that the death certificate be axacuted within 24 haurs after death.

ly filled in by the funeral can papers. Pages 1 and within 72 hours after lead

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signed by the attending phys burial-transit permit. Then to burial, crematian, ar removal

far use as the u f Health priar ta b has been

campletely filled

BURIAL CREMATION REMOVAL (Specify)

22d. PHYSICIAN'S

NAME (Type) A

NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City or Town)

DIRECTOR

(County)

Port Lincoln Crematory Bladensburg 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 8434 Ga. Ase. S.S.Md 196B

PHYS

22e. ADDRESS

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director, page 3 shauld shauld be filed with the



MARYLAND 3'ALE DEPARIMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	CEASED-NAME	First		. Middle .	17	→ Lost 🚈		2o. DA	ATE OF DEATH					HOUR
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3. SE	X		4. RACE			S. DATE OF BIR	RTH		6. AGE (In	years	IF UNDER			R 24 HRS
	Temale		W	rite		Jan.	1. 189	7	last birth	YRS	MONTHS	DAYS	HOURS	MIN.
7a	BIRTHPLACE (State or fo	reign 7	76. CITIZEN OF WI	HAT COUNTRY?	8. MARRIED	NEVER MARK	RIED	9. COUN	TY OF DEATH					
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IU. (ity or town of DEAT	rı	II NA	AME OF HOSPITAL OR INS street address)	STITUTION (IF	not in hospital			ATION (Kind of working life, even i		12b K INDUS	IND OF E	3USINESS	5 OR
13a	USUAL RESIDENCE (Who		d lived, if institut	ion: Residence before	13c. CITY O	R TOWN	3d. INSIDE CITY I		3e STREET AND N					
odm	issian) STATE Md		13b. COUNTY	lontgomery	Silve	er Spr.	YES 😡 N	0 🗆	10213 C	olesu	ille	Roc	ad	
14. [FATHER'S NAME Fi	rst	Middle	Lost		IS. MOTHER S MA	IDEN NAME	First		Middle			Last	
	Ant	hur	y. A	Roller			Luc	inda				St	ubby	4.
	WAS DECEASED EVER I		D FORCES? or dates of service)	16b. SOCIAL SECURITY		INFORMANT				Address				
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				nerfor (a), (b), and (c))	12 1		. /			96	APPROX M SPWEEN ON	LATE INTER HSET AND	DEATH
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	2041	111111111111111111111111111111111111111		AS A CONSEQUENCE OF		1						7		
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	rise to immediate co stating the underlying			AS A CONSEQUENCE OF										
	lost.	(coose	(c)											
	PART 2. OTHER SIGNIF	ICANT COND		TING TO DEATH BUT N	OT RELATED	TO THE TERMINAL	DISEASE OR	CONDITION	GIVEN IN PART	(o)				
~	119													
ATIO	190. DATE OF OPERATIO	N 19b. C	ONDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOF	SY?		20b IF YES, WERF		ONSIDERE	D IN CE	RTIFYIN	G
CERTIFICATION						YES 🗀	NO 💆	Y	CAUSES OF DEATH	?				
	210 ACCIDENT WAS U					HOW INJURY OCCI	URRED (Ente	er noture o	of injury in Port 1	or Part 2,	Item 18.)			
MEDICAL	OR CONTRIBUTING C	AUSE OF DEATH col exomine	HOUR A.M. P.M.	Month Day Year	9									
ME	21d. INJURY OCCURRE	D 21e. F		(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC	CTORY,) 21f.	LOCATION Street	or R F.D. No	0.	City or Town		County	/		Stote
	While Not while of work			A OLLUTE BOILDING, FIC	1	00		10	1					
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		d above,	(I) (we) (did)	(did not) view the	body atte	r death.		V		1 00	DATE ALS:	AIFD		
	22b SIGNATURE		T d	un head		ATTENDIN	G 177	MED	STAFF	72c	DATE SIGI	NED		
	1100	1/1/27	1.01	Right	DEC	REE PHYS.		DIRFCTOR	PHYS.	7	une_	16,	196	58
	22d. PHYSICIAN S NAME (Type)	Myron	L. Ler	skin		220. AUUI	o Sha		1 1 Road	Whe	aton	- Mc	1_	
22 ~	BURIAL CREMATION,	23b. D		23c NAME OF	CEMETERY O	P CPEMATORY	7 -	23d 1	OCATION (City or		(Count		(State	e)
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24	FUNERAL DIRECTOR	CI		A PAGENCE	ra Cen	There	2So REC'D	BY REGIST	RAR 25b	REGISTRAR'S	SIGN M U	RE II		10ma
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detoched for use as the burial-transit permit. Then please remove corban papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in ony event, within 72 hours ofter death VR A15 (4) 30M REV. 1/68

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executed within 24 hours after dear

TO HISPITAL DR ATTINDING FINYICIAN: The low requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

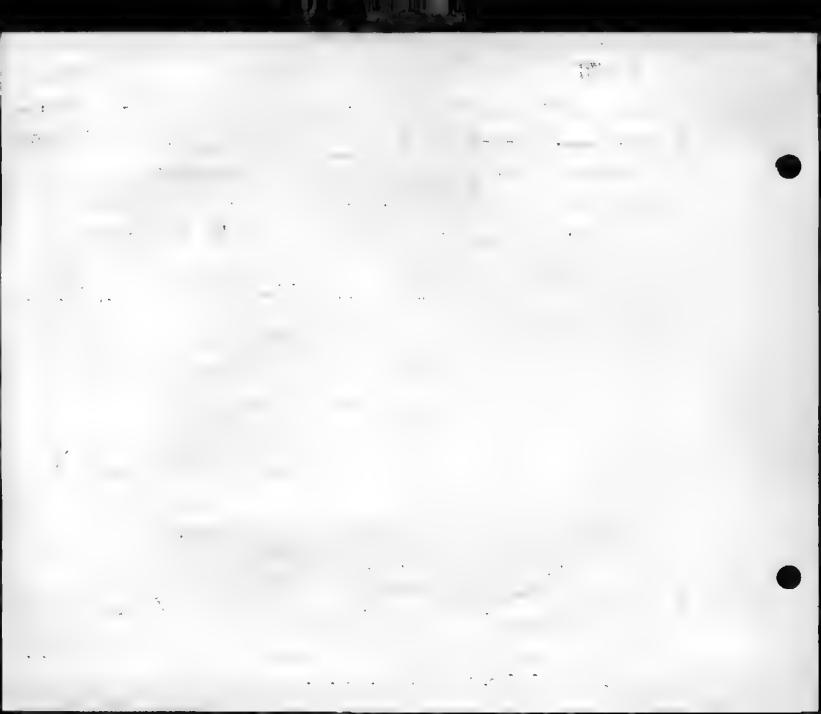
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle 2a. DATE OF OEATH 2b HOUR requires that the death certificate be executed within 24 hours after death (Type or print) June MacDonald (NMN) Gary S. DATE OF BIRTH 3. SEX 4. RACE 6. AGE (in years IF UNDER 1 YEAR last buttbulay) Male Negro August 28, 1945 70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED X country) WIDOWED [DIVORCED [Montgomery North Carolina physician and campletely filled 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address)
The Clinical Center, NIH during most of warking life, even if retired) INDUSTRY en please remave carban Bethesda Parking Lot Attendant Parking Lot 130. LSUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c City OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b COUNTY YES X NO 706 9th Street, N.E. Washington. 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First Last Herman Gary **Bellamy** Vera 16b. SOCIAL SECURITY NO. The Medical Record, Clinical Center, National Not Available Institutes of Health, Bethesda, Md. 20014 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) [If yes give war or dates of service] 1B. CAUSE OF DEATH (Enter only one couse per line for (q), (b), and (c).)
PART I. DEATH WAS CAUSED BY.
Metastatic BETWEEN DINSET AND DEATH Metastatic Pheochromeocytoma Years signed by the attendi burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO 🗔 21a. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216 TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY,) 21f, LOCATION Street or R.F.D. No. State City or Town County While Nat while at work director, page 3 shauld shauld be filed with the 22b. SIGNATURE 22c. DATE SIGNED 10 June 1968 DEGREE 22e. ADDRESS The Clinical Center, National PHYSICIAN S NAME (Type) Kar/ Engelman, M. D. Institutes of Health, Bethesda, Md. 20014 23d LOCATION (City of Town) 23c. NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, 1938 REGISTIARS SIGNATUR 24 FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68 DATE



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NER: certif hould	iles. sho Ition	WEDICAL	CAUSE OF DEATH	P.M.	19	B. F. D.	
EXAMINER	raur files. age 3 shou cremation,	N		PLACE OF INJURY (At hame, farm stary, office building, etc.)	Preet 21f LOCATION Street or	r R F D Na City ar Tawn	County State
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nece	5 moy O FUNE Health	220	BUR AL CREMATION. 23b	DATE 23c NA	ME OF CEMETIRY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
-	7	1	REMOVAL (Specify)		Rock Creek Cemet		(Caunty) (State)
			Burial 1			eau uniatua.on	
		24	FUNERAL DRECTOR!	D. Lolee, 8434 G	a. Ave. S.S.Md.	2SO REC'D BY REGISTRAR 2Sb REGISTRA	R 5 SIGNATURE



10M REV 1768



8434 Ga. Ave. S. Sed. DANUL

Stiff Karon St. S.S. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? NO [(ounty State Inquiry A and in my opinian 22b DATE SIGNED 2Sb. REGISTRAR'S SIGNATURI 1968

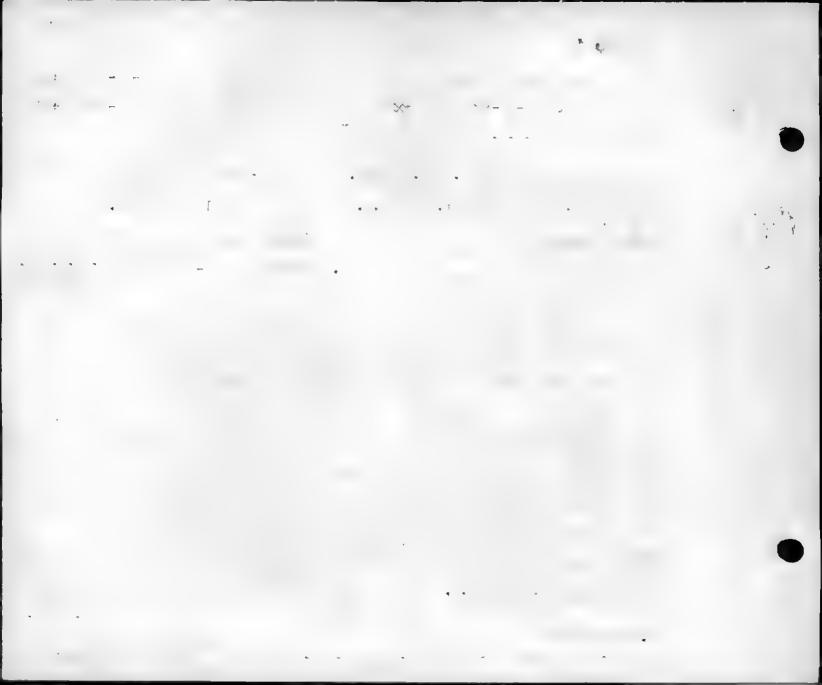
25. HOUR

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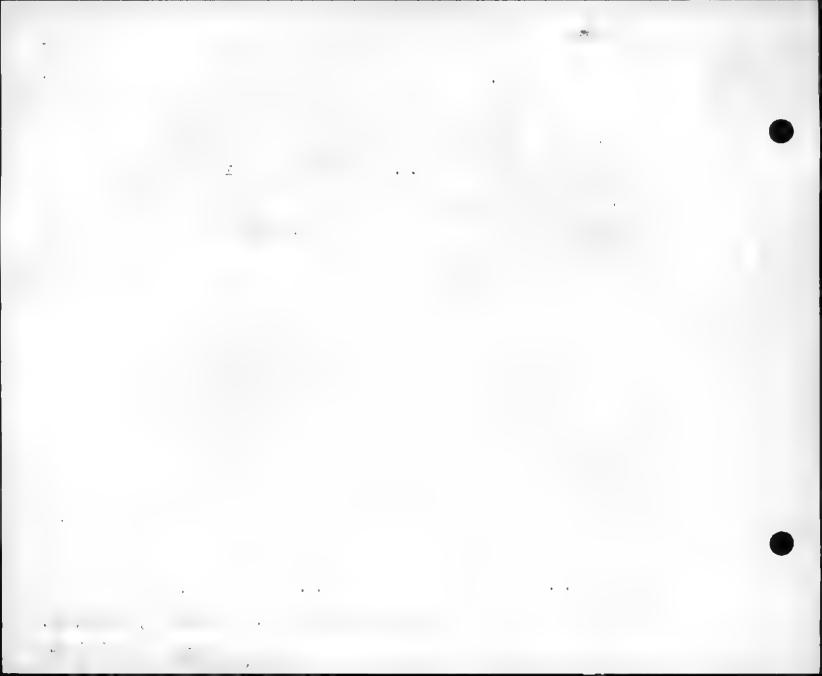
12b KIND OF BUSINESS OR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED NAME Middle 2b. HOUR Month (Type or print) ABBIE JUNE GILLELAN 3. SEX S. DATE OF BIRTH 6. AGE (In years requires that the deoth certificate be executed within 24 haurs after last birthdoy) FEMALE CAUC MAY 30 1890 7g. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED [NEVER MARRIED [(vittugo WIDOW IX MONTGOMERY DIVORCED [NEW TERSEY UNITED STATES 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR give street address) U.S.NAVAL HOSPITA BETHESDA pleose remove corbon 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c, CITY OR TOWN 3e, STREET AND NUMBER 13d INSIDE CITY LIMITS? admission) STAUTRGINIA 6801 CONTI COURT ANNANDALE IS MOTHERS MA DEN NAME FIRST Lost Lost John Bauer KWK Rausett 16b SOCIAL SECURITY NO. 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) Yes Info) Tok Indik now No www. 141-30-6704 - Mrs. Kathryn Crutchfield 18. CAUSE OF DEATH (Enter only one cause per ne for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY.

IMMEDIATE CAUSE (a)

CORONARY OCC BETWEEN ONSET AND DEATH CORONARY OCCLUSION DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO KX 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 23h. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. 1 certify that (1) (this haspital) attended the deceased from 13 JUNE , 19 68 , to 20 JUNE , 19 68 , that (1) (we) last saw the deceased alive an 20 JUNE 1968 19 ____, and that causes stated abave, (I) (welldig) (and not) view the body after death. , and that in (my) (aur) apinian death accurred on the date and haur and from the 22b. SIGNATURE 20 JUNE 1968 MED DIRECTOR DEGREE directar, page should be filed 22d. PHYSICIAN'S 22e ADDRESS H.O. DE FRIES NAME (Type) U.S.NAVAL HOSPITAL, BETHESDA, MD 20014 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) REMOVAL (Spec fy) Englowood Cemetery Englewood, New Jersey 25h. REGISTRAR'S SIGNATUR 25g REC D BY REGISTRAR VR A15 (4) BROAD ST 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

		- 0 C C 4 ()		DIAIZION OF	F VITAL RECORDS,					IUKE, MAI						
						CERTIF	ICATE OF	DEAT	Ή			ان	845			
4		CEASED NAME	First		Middle		Last			2a. DATE OF					2b. 1	HOUR 1
	(T·	ype or print)	She1	lon	Charles	5	Glas	S			June	Pgy 19	I's	968	12:	35
	3. SE	X		4 RACE			S DATE OF	BIRTH			6. AGE (In year lost birthooy)	5	IF UNDER		HOURS	24 HRS M N
		Male		Whi	te		April	19,			30	YRS.				
	7a 8	IRTHPLACE (State or	foreign	76. CITIZEN OF V	HAT COUNTRY?	8. MARRIE	D 🔲 NEVER MA	RRIED	9.	COUNTY OF	DEATH					
	£gun	Michigan		USA		WIDOWE		ORCED 🗍		Mont	gomerv					Me
	10. C	ITY OR TOWN OF DEA	ATH		NAME OF HOSPITAL OR IN	ISTITUTION (I	f nat in hospital			OCCUPATION	(Kind of work of life, even if retir		125 KI	ND OF B	USINESS	OR
6		Bethesda_		[914]	he Clinica	al Cen	iter, NI	H L	ıığ ılıüsi		rnev	eu.j		S. C	ovi	
2		usual RESIDENCE (W ssion) STATE Virgini		13b. COUNTY	lington	/	or Town noton	13d. INSIDE		_ '	reet and numbe 00 Army		vy D:	rive	,	
K	14 F		First	Middle	Last		IS. MOTHER'S J	AAIDEN NA	ME First	t	Medic	lle	-		Lost	
		S	amue1		G1a	ass			Dos	rothy			S	apeı	ste	in
		WAS DECEASED EVER es, no. or unknown) NO		ED FORCES? Ir or dates of service)	16b. SOCIAL SECURITY 366-38-57		at'1.]	nsti	tute	es_of	cord, Add	Be	thes	da.N	1d.	
		18. CAUSE OF DEA	TH (Enter only	y one couse per	line for (a), (b), and (c	}.}	bron	chopr	ieum	onia	left lur	ıg		PPROXINU		
		PART I. DEATH	WAS CAUSED	BY: G	ram negati	ve se	pticemi	a an	d sh	nock w	ith/		12	2 hc	urs	3
		2050 Canditions, if any, i	which gave)	DUE TO, OR	AS A CONSEQUENCE OF Cute myelo		ıs leuke	mia					6	ó w∈	eks	3
		rise to immediate stating the underlingths.		DUE TO, OR	AS A CONSEQUENCE OF	F										
			NIFICANT CON	OUTIONS CONTRIB	UTING TO DEATH BUT I	NOT RELATED	TO THE TERMIN	AL DISEASE	ORTON	NDITION GIVE	N IN PART 1(a)					
		2043	t t	VIII VIII CONTINE	VIIIO TO DESIGNATION TO	NEGRICO	TO THE TERMIN	THE WIDEFINE	2011		- 11- 17-01 2(0)					
	TION	19g DATE OF OPERAT	10N 19b. 0	ONDITION FOR W	HICH OPERATION WAS P	ERFORMED	20o AU1	OPSY?		20b IF	YES, WERE FINDI	NGS CO	ONSIDEREC	IN CER	TIFYING	;

21c. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY

Manth Day Year

AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No.

N.W. Hebrew Memorial

NO [

CAUSES OF DEATH? Yes

City or Town

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

Caunty Stote

OR CONTRIBUTING CAUSE OF DEATH

21d INJURY OCCURRED
While hot while at work 21e. PLACE OF INJURY

220. I certify that (X) (this hospital) attended the deceased fram May 10 , 19 68, to June 19 , 19 68 , that XIX (we) last saw the deceased alive an June 19 19 68 and that in (XIX) (our) appropriate death occurred and the date and hour and from the courses stated above (II) (we) (did) (XIX) view the bady after death.

Lilien, M.D

ATTENDING PHYS. 22e. ADDRESS The

MED. DIRECTOR

STAFF PHYS.

Clinical Center, National

22c DATE SIGNED 20 June 1968

BURIAL, CREMATION 23a. BUTIAL (Specify)

22b SIGNAT

23b DATE

David

23c. NAME OF CEMETERY OR CREMATORY

ADDRESS

YES 🔀

23d LOCATION (City or Town)

Institutes of Health, Bethesda, Md. 20014 (County)

24 FUNERAL DIRECTOR

22d. PHYS-CIAN S NAME (Type)

4217 9th St., N.W. Goldberg Funeral Home

6-21-1968

HOUR A.M. P.M.

Park Livonia

Mich.

(State)

VR A35 (4) 30M REV, 1768

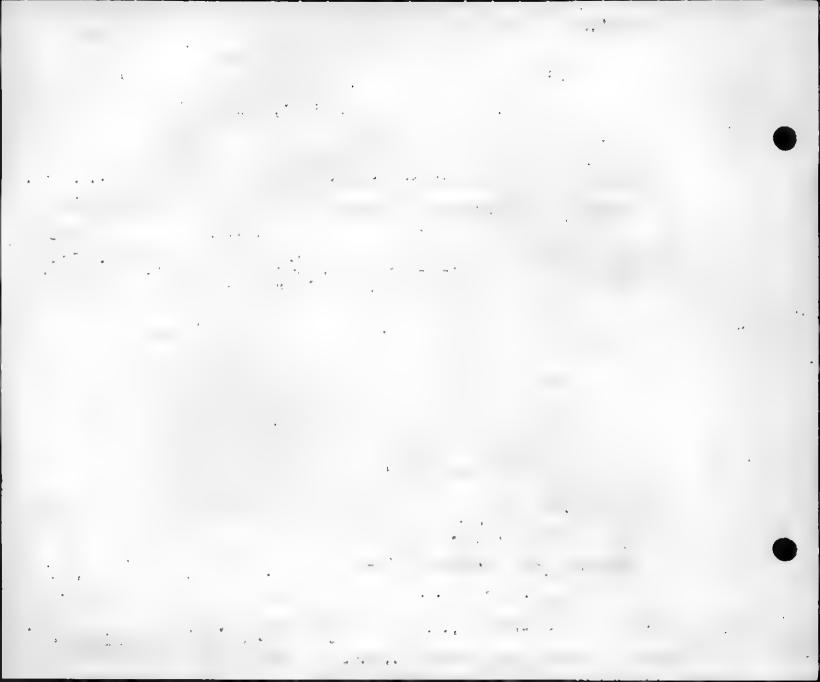
after death.

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filley director, page 3 shauld be detached far use as the burial-transit permit. Then pleame remave carban pageshauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within

death. y and



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h bayes I and 2 habes after death.

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital or attending physicion.

1 0064X

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	CCCAY				CERTI	FICATE O	FDEATH					1484	6
	ECEASED-NAME Type or print)	First Anton	Jo	Middle seph	GLAZE	Last		20. D	DATE OF DEATH	件 つ	Day 6		26 HOUR
3. SI	X		4. RACE			S. DATE OF	BIRTH		6. AGE	In years	16	UNDER 1 YEAR	3:05! IF UNDER 24 HRS
	Male		Cauca	asion		20 M	AR 57		120	rthday) - Y	YRS ME	ONTHS OAYS	HOURS MIN
	BIRTHPLACE (State or intry)	3	7b. CITIZEN OF WH		8. MARR	IED 🔲 NEVER N	ARRIED X	9. COU	NTY OF DEATH				
	Califor			States	WIDOW		ORCED _		ontgomer				Mo
	city or town of DEA Bethesda	TH		ME OF HOSPITAL O treet address) HO			during m	ost of w	PATION (Kind of rorking life, ever	work do if retire	one rd.)	125. KIND OF INDUSTRY INA	BUSINESS OR
	USUAL RESIDENCE (W Ission) STATE M	here decease ARYLAI	d lived, if instituti	on. Residence bet	ore 13c CITY	OR TOWN	YES NO	IM.TS?	13e STREET AND 5402			Avenu	:e
14.		irst	Middle	lo	st	1S. MOTHER'S	MAIDEN NAME F	First		Middle			Last
A	lugust	Anto	on GLAZE			Angel	ia				M	CTAGUE	2 _
160	. WAS DECEASED EVER (es, no or unknown)		ED FORCES? r or dates of service)	166. SOCIAL SECUI		17 INFORMANT August	GLAZER,	540	2 Walto	Addres n Av		Camp	Springs
	18. CAUSE OF DEAT	H (Enter only	one cause per lin	e for (a), (b), and	d (c).)								IMATE INTERVAL DISET AND GEATH
	PART I. DEATH	WAS CAUSED	BY. IE CAUSE (a)	Septicer	nia								Control of the contro
	10		DUE TO, OR A	S A CONSEQUENCE	OF Acut	e Leuke	mia						
	Conditions, if any, v		(b)										
	stating the underly		DUE TO, OR A	S A CONSEQUENCE	OF								
	last.)	{c}									J	
	PART 2 OTHER SIGN	IFICANT CON	OITIONS CONTRIBU	TING TO DEATH BU	JT NOT RELATE	D TO THE TERMI	NAL DISEASE ORG	ONDITIO	ON GIVEN IN PAR	i(o)			
CERTIFICATION	19a. DATE OF OPERATI	ON 195. C	ONDITION FOR WH	CH OPERATION WA	AS PERFORMED	200 AL	TOPSY?]	20b IF YES, WES			SIDERED IN C	ERTIFYING
	210 ACCIDENT WAS					HOW INJURY	OCCURRED (Ente	r nature	of injury in Part	1 ar Par	rt 2, Iter	n 16.)	
MEDICAL	OR CONTRIBUTING [dicol examin	er) P.M.	Manth Day	19								
ME	21d N.URY OCCUR While Nat while at work at wark	$\sqcup \bot$	PLACE OF INJURY						City or Town			County	State
	22a. I certify the saw the de causes stat	at (I) (this ceased ali ed abave,	haspital) atte ve an (1) (we) (did)	ended the dec JUN (did nat) view	eased fram 1968 the bady at	7 MA and that in (ter death.	Y _68, 19_ my) (aur) api	ınian d	ta2_J leath accurre	UN , d an the	, 19 e date	68 , that and have	(I) (we) las and fram the
	22b. SIGNATURE	eny	, Lom	صمن	1	ATTEN DEGREE PHYS	DING EE A	MED. DIRECTOR	STAFF		22c. DA	TE SIGNED Tune 1	4-
	22d. PHYSICIAN'S NAME (Type)	Jerry	J. TOMAS	OVIC			DDRESS VAL HOSE	PITA	l, beth	ESDA	, M	ARYLAN	D
23a	BUR AL CREMATION,	23b D	ATE			OR CREMATORY			LOCATION (City o			(County)	(State)
	BEENOAVI (2 Dec (A)	6/7	/ 8		11 ry'			0	ape hay	9	IV.	ew Jei	rsey
24	FUNERAL DIRECTOR y- on hea	ler F	unoral l	1300 HomeRocl	RESS Rock kville	. Pike Md.	DATE REC D E	Y REGIS	TR 1968 25b	Je Le Le	AR'S	NATIONE	ge

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled director, page 3 should be detached for use as the buriol-transit permit. Then please remove corban papers should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72. VR A15 (4) 30M REV. 1/68

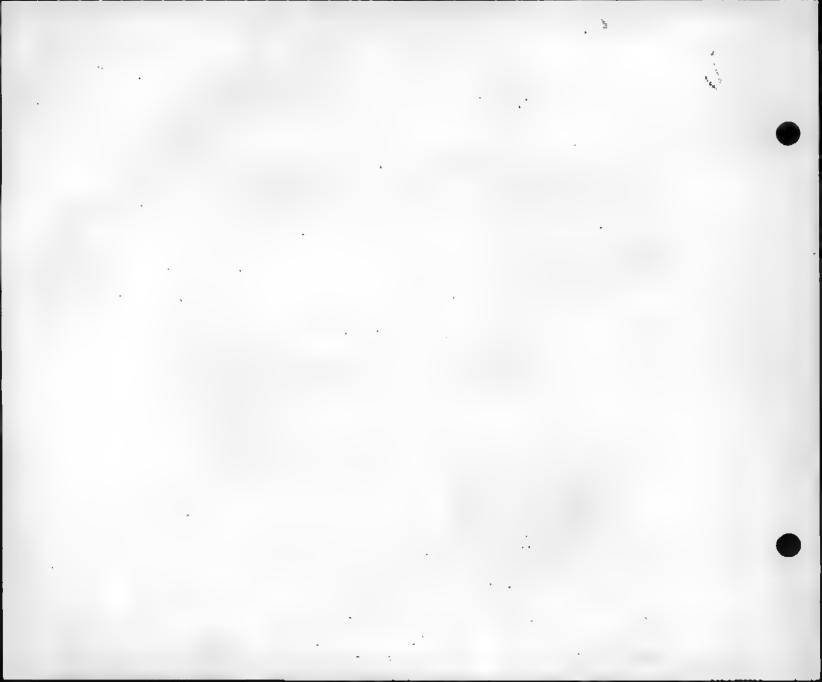


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

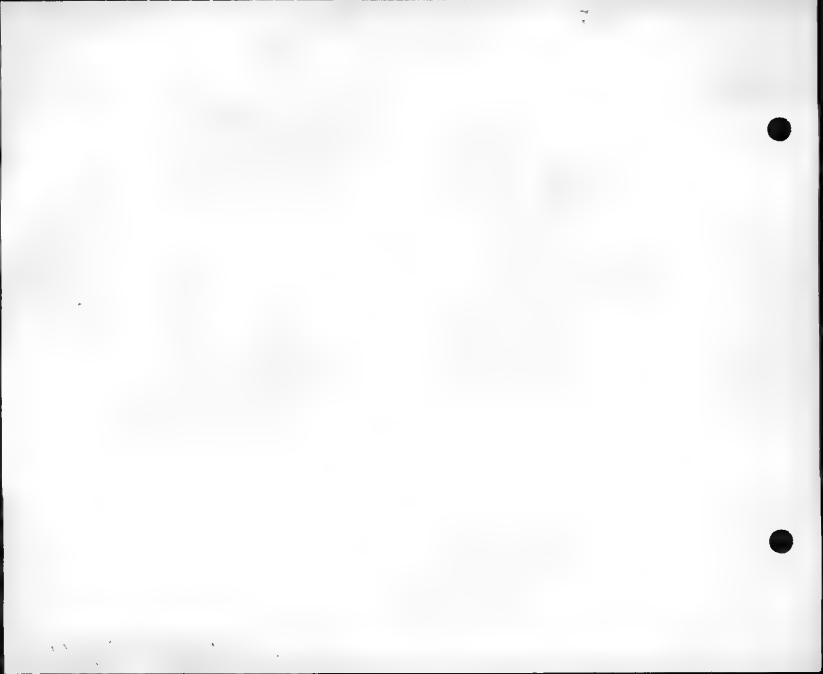
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# 12 E		CEASED-NAME First	,	Middle	Lost		20 DATE OF DEATH Month	Davi	V	2b HOUR
deoth.	1	ype or print) Rich	ard	٤.	Gree	ent	June	24 24	1968.	M
L -/3	3 SE	X	4 RACE		S. DATE OF B	IRTH	6. AGE (In y	/0015 H	F UNGER 1 YEAR ONTHS I OAYS	IF UNDER 24 HRS.
by the fi Pages ours afte		Male	Whi	te	June	18_ 1920	48	YRS.	OMITICAL CIRCLE	WOOKJ MIN.
by fl	70 l	SIRTHPLACE (State or foreign	7b. CITIZEN OF WHA	T COUNTRY?	8. MARRIED NEVER MAI		COUNTY OF DEATH			
in 24 ho illed in papers. hin 72 h	14	arrisburg, Pa	U.S.A.		WIDOWED DIVO	RCED 🗀	Montgomery			Md
	10. (ITY OR TOWN OF DEATH Silver Spring	III NAA	AE OF HOSPITAL OR INS	NTUTION (If not in hospitol	120 USUAL (occupation (Kind of wo of working life, even if in Transcript Live 13e STREET AND NU	rk done retired)	12b. KIND OF I	BUSINESS OR
intel with	130	USUAL RESIDENCE (Where deceos	ed lived, if institut o	n: Residence before	13c. CITY OR TOWN	13d, INSIDE CITY LIMITS	13e STREET AND NU	MBER	ena, /	rce.
1 1 1	odm	ission) STATE Marylane	13b. COUNTY M	ontgomery	Silver Spr.	YES NO	3 9601 Bau	ice Dr	ive	
nd com	14.	FATHER'S NAME First	Middle	Lost	1S. MOTHER'S M	IAIDEN NAME First	1	Middle		Lost
3 5 5		Grank	Leste.			Rac	hel		.3	tter
physicion physicion en please oval, and	16o.	WAS DECEASED EVER IN U.S. ARA (es, no, or unknown) (If yes give w	nr or dates of senare)	I 66. SOCIAL SECURITY N		_	A	ddres5il	ver Sp.	ring.MI
that the death certifi an. by the attending phy transit permit. Then I cremotion, or removal	40			<u> 578-09-81</u>		<u>ne Green</u>	9601 Br	uce D	APPROXIM	MATE INTERVA
ing ing		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	y one couse per line RY-	for (a), (b), and (c))	11. 11.	And.	Bi.		BETWEEN OF	NSET AND DEATH
attendi permit.		21/AVC IMMEDIA	TE CAUSE (o)	our	ryree ;	LICLEN	6,360		Ce	YKS.
he c		Conditions, if ony, which gove	DUE TO, OR AS	A CONSEQUENCE OF	<i>O</i>					
thot the an. by the transit p cremotic		rise to immediate couse (a), ((b)	A CONSEQUENCE OF					+	
tient,		stating the underlying couse (DUE TO, OK AS	A CONSEQUENCE OF						
physici physici signed buriol- ouriol,		PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBUTI	NG TO DEATH BUT NO	T RELATED TO THE TERMINA	AL DISEASE OR CON	IDITION GIVEN IN PART 1(c	0)		
g c		y . 1					•			
e low tendin os the prior t	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHIC	H OPERATION WAS PER	FORMED 200. AUTO	DPSY?	20b IF YES, WERE F	INDINGS CON	ISIDERED IN CE	RTIFYING
afte afte bos see afte b	E				YES [CAUSES OF DEATH?			
AN: The all or at icate he for use Health		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	G 21b TIME OF HOUR A.M.	INJURY Month Day Year	21c. HOW INJURY OC	CURRED (Enter no	ature of injury in Part 1 c	or Port 2, Ite	rm 18.)	
ptig in particular properties of the particul	MEDICAL	(If either, notify medical examination	ner) P.M.	. 19						
ho ho ch coch ept] ~	21d INJURY OCCURRED 21e. While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC	ORY.) 21f. LOCATION Stre	et or R.F.D. No.	City or Town		County	Stote
by the After the be det		of work of work		4.6.4.46	16000	10	10/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	A 10	that	11\1
Afte Afte Sto		22a. I certify that (1) (the saw the deceosed of courses stoled above	live an		9, and that in (n	ny) (aut opinio	an death occurred o	n the date	and hour	and from the
ogle of the control o		couses stoted abave	, (I) (we) (did) (did not) View the l	oody after deoth.					
e de la company	١	22b. SIGNATURE	de Star	and h	DEGREE PHYS		STAFF	22c. DA	ATT SIGNED	68
E a B a a a a a a a a a a a a a a a a a	L	Heurs	: Alex	uggoja	DEGREE PHYS 22e. AD		CTOR L PHYS L	J 6	127/4	0
RAI Po		22d. PHYSICIAN'S NAME (Type) He	nry C. S	Scruggs,	M. D.	5413 Ce	dar Lane,	Bet	hesda	.Md.
등 교 교 등 교	230	BURIAL, CREMATION, 23b.			EMETERY OR CREMATORY		23d LOCATION (City or To		(County)	(Stote)
Poge of FUN direct	250	REMOVAL (Specify)	26 10	60 Pook (Look Comata	de d	Washina		D. C.	,,,,,,
	10	HUMERAL DIRLETOR C G	en Carte	ADDRESS	ngia Avenue	2So. REC'D BY F	REGISTRAR 2Sb. RE	GISTRAR'S SI	GNATURE	
VR A15 (4) 30M REV. 1/68	1	Narner E. Pumpl	view. Inc.	54 54 yes	nara nvenue	DATEUL -	1 1968 8	lione	Judg	J.C.



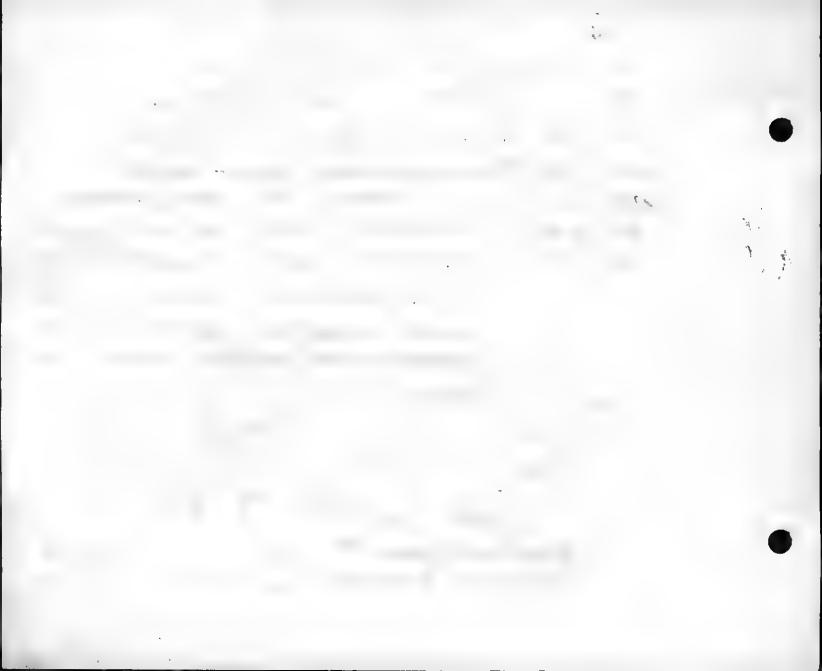
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	4	MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
•		CERTIFICATE OF DEATH	- 0
4 ~~4		ECEASED-NAME FIRST Middle lost 20 DATE OF DEATH	2b. HOUR
death death death	(1	Type or print) fools - GRODER JUNE, Month 9 Doy	(S 600P
	3. 58	X 4. RACE S. DATE OF BIRTH 6. AGE (In years FUN	NDER I YEAR IF UNDER 24 HRS.
£ 12 5 6		MALE WHITE 9/15/88 lost birthday) YRS. MONTH	HS DAYS HOURS MIN
and the second		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY) 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
d in Joefs	Au	STOIR-HUNGROU C. J 78 WIDOWED & DIVORCED Montgomes	of N
in 24 fitted uppaper paper hin 72	10 (ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done 12)	KIND OF BUSINESS OR
with ban wit		When ton University Nursing Hem RETAILER 19	IGHT - MICH
ed plet car	130. odm	USUAL RESIDENCE (Where decrosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UMIIS? 13e STREET AND NUMBER 13b COUNTY 13b COUNTY 12c 13c 13c 13c 13c 13c 13c 13c 13c 13c 13	1) 4
cam cam ave y ev	<u></u>	Albantates strongy Correction - 11 400011	<i>3/</i> .
that the death certificate be executed within 24 an. by the attending physician and campletely filled bransit permit. Then please remave carban pape crematian, arremaval, and in any event, within 7.	14	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	WUK.
e be	1/4	Solomon HERSA, Gronee Horf (DUORA) - WAS DECEASED EVER IN LS ARMED FORCES? 1166 SOCIAL SECURITY NO 17, INFORMANT Address	SUL
ficat ysici ple i, a		(es(ng) or unknown) (If yes give war or do to so is sorvice) 122-18-36744 /SAAC GRONEL 900/ GARL	mail to the
phy phy ave	-		APPROXIMATE INTERVAL
that the death certifian. by the attending phy transit permit. Then cremava		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY	BETWEEN ONSET AND GEATH
dea tten rrmit n, ar		IMMEDIATE CAUSE (0)	Ø 11(0).
the a		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove)	
hat n. yy # ansi		rise to immediate couse (a), (b) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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equires that the properties of		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
IAN: The law requires that the death certificate be executed within 24 haurs tall ar attending physician. If the state has been signed by the attending physician and campletely filled in the far use as the burial-transit permit. Then please remaye carban papers fillealth priar to burial, crematian, ar remayal, and in any event, within 72 hours	==	I A MAN AND A CONTRACT OF A CANADA CA	who that
lav endi s be s t	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED U 206 AUTOPSY? 206 IF YES, WERE FINDINGS CONSID	ERED IN CERTIFYING
I: The ar atte te has use a alth pr	RTIE	AR WO G	
IAN: ad ar licate far u Heal		216. ACCIDENT WAS JNDERLYING 216 TIME OF INJURY 216 HOW ENJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item) or contributing acuse of death HOUR A.M. Month Doy Year	18.)
Signature and the state of the	MEDICAL	(If either, notify medical examiner) P.M. 19	
G PHYSICIAN the haspital (this certifical detached far te Dept. af He	2	21d INJURY OCCURRED While Not while of work of work of the street of Resultance of Resultance of the street of Resultance of Res	unty State
the det		at work or work of work of the first of the	that //\ /walla
Affe by be Sto		220. I certify that (1) (this haspital) attended the deceased from 4/10, 19.68, to 6/19, 19.68 saw the deceased alive an 6/13 19.68, and that in (my) (our) apinian death accurred an the date a	nd have and fram th
ATTENDING stained by th CTOR: After I shauld be d		causes stated above, (1) (we) (did) (did not) view the body after death.	
AL OR ATTENDING y be retained by th L DIRECTOR: After t age 3 should be de filed with the State	ш	22b. SIGNATURE 22c DATE ATTENDING ATTENDING STAFF 1	1
TAL OR nay be r AL DIRE page 3 be filed w	П	Maunce Tranks, MD DEGREE PHYS DIRECTOR PHYS 1 6114	168
TAN MAY RAL Po	ш		Desh DC20036
OSP INEL Uld	22.0		bunty)/ (State)
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	5	FMOVALUSPECTIFL 6/23/68 FAUSHE DUBAUTOH I JUFFILC N	(21018)
⊢ ⊨	24	FUNERAL DIRECTOR ADDRESS 44 46 77 / 250. REC'D 84 REGISTRAR 256 REG. STRAR S SIGN.	IATURE
VR A15 (4) 30M REV. 1/68		Goldbergs TA 94217 42 Wait. De DATUN 24 1968 gellevia	o Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00851 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2b. HOUR CRUNWELLSA JUNE Month 25 Day CHARLES 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR WHITE last birthapy) VUNE 22 1880 MONTHS ! HOURS 7b CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH U.SA. VIRGINIA WIDOWED TO DIVORCED [MUNTEUMERY 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
13ETHESOA /SILVER. during most of working life, even if retired.) INDUSTRY HONE - LAWYER 130, USUAL RESIDENCE (Where deceased lived, if institution: Residence before, LISC CITY OR TOWN 13d. INSIDE CITY LIM TS? 13e. STREET AND NUMBER YES NO INASH. 14. FATHER S NAME IS. MOTHER'S MAJDEN NAME First Middle ALBERT GRUN WELL VANE DEN BERGH 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address CHICAGO 144 Yes, no or upknown) 579-60-0716 SON 517 W. OAKDALE AVE 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY ACUTE BACTERIAL IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave a ACUTE CONFESTIVE HEART FAILURE rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes GENERALIZED ARTERIOSCLEROSIS (UNDET) burial-t PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) - NONE-19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 20g AUTOPSY? 4 CAUSES OF DEATH? certificote 21a ACCIDENT WAS UNDERLYING 21. HOW INJURY OCCURRED nature of injury in Part 1 or Port 2, Item 216 TIME OF INJURY (Enter OR CONTR BUTING CAUSE O OF TH HOUR A.M. Manth Day Year (If either, natify medical exam 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21d INHIRY OCCURRED or Tawn County While Nat while 22a. I **certify** that (!) (this haspital) attended the deceased fram **FUNE**, 1956, ta 6,25, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (aur) apinion death occurred an the date and haur and from the DIRECTOR: couses stated abave, (1) (we) (did) (did not) view the body after death. 22c DATE SIGNED 22d. PHYSICIAN'S O FUNERAL 106 IRVINE ST NW 23d LOCATION (City or Town) (State) 23g. BURIAL CREMATION. 23b. DATE VR A15 (4) JOSEPH CAWLER'S JONS 30M REV. 1/68



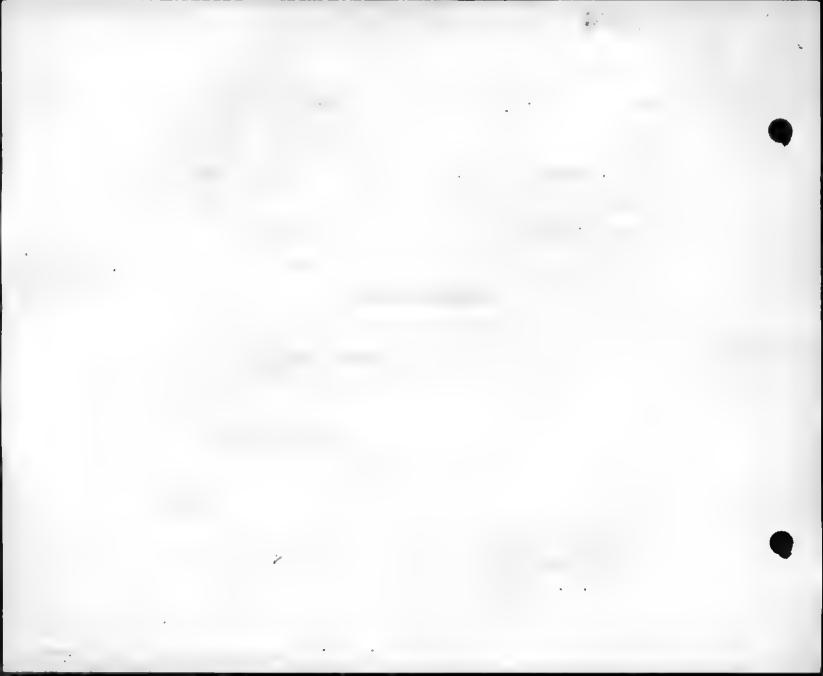
	MARYLAND STATE DEPARTMENT OF HEALTH
1	OF A DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	WOULD GOVERN CERTIFICATE OF DEATH
- Car	1. DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b HOUR
1 7 2 2	(Type or print) May Jeor of LOSA
	3. SEX 4 RACE S. DATE OF BIRTH / 6 AGE (In years I under I year I f JNDER 24 HRS.
100	Female white 1-14-84 last pady yrs. MONTHS DAYS HOURS MIN
PHYSILIAM: The law requires that the death certificate be executed within 24 haurs after e hospital or attending physician. The law is certificate has been signed by the attending physician and campletely filled in by the protected for use as the burial transit permit. Then please remave carban papers. To be the first to burial, crematian, ar remaval, and in any event, within 72 hours after the protected for use as the burial, crematian, ar remaval, and in any event, within 72 hours after the protected for the	7b. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONT GOMES (COUNTY)
illed in papers.	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12d USJAL OCCJPATION (Kind of work done 12b KIND OF BUSINESS OR
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implet ve carl event,	13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b, COUNTY YES ITY NO 1
am am	Syres willer To WIAK SI.
cate be executivizing and camplease remave	14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
be n a Se I	John Kersler Lydia Regsinger
icate be sician c please of, and in	To Was Decensed Ever IN U.S. ARMED FORCES? Yes and ar unknown (If yes give ward or doles of service) Ves any ar unknown (If yes give ward or doles of service) UES 17. INFORMANT Mrs. LeRoy 5. "attingly Road, Silver Spring
physician and en please rem	yes Mrs. LeRoy S. "attingly Koad, Silver Spring
that the death certifi ian. by the attending phy. transit permit. Then p crematian, ar remaval	18. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).)
physician. signed by the attending burial-transit permit. The	PART I. DEATH WAS CAUSED BY Respushing and members
e d atte perr an,	DUE TO, OR AS A CONSEQUENCE OF
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the derivative of the contraction of the contractio	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF U
equires physici signed burial-I burial-I	last. 420 / (c)
Phy Sign Phy Physical	PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w ra ling een een the r to	E Herlenswin: Wheter melling
lor s bind as	190. DATE OF OFERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ICIAN: The law repital or attending rifficate has been defar use as the after the latter to after the after the latter to the latter	190. DATE OF OFERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
Mar de	
a di	E (If either, notify medical examiner) P.M. 19
TO HOSPITAL OR ATTENDING PHYSICIAM: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health prior to burial, are	While That while The Not while
NS × × × × × × × × × × × × × × × × × × ×	220. I certify that (I) (this hospital) attended the deceosed from from 12, 1964, to from 14, 1962, that (I) (we) los
NDIN ed by Affer Id be ne Stat	sow the deceased glive on 13 19 68, and that in (my) (our) opinion death occurred on the date and hour and from the
OR. Sine	couses stoted obove, (I) (well (did not) view the body after deoth.
OR ATTENDING or etained by the INECTOR: After a 3 should be ded with the State	226. SIGNATURE ATTENDING ATTENDING AND DIRECTOR PHYS DIRE
Dispersion of the property of	220. PHYSICIAN'S 1 DEGREE PHYS DIRECTOR PHYS LIGHT 14, 168
TO HOSPITAL OR ATTENIE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the	NAME (Type) HAROLD W. DRAPER IND 9801 GEORGIA AVE. INT.
O HOSP Page 4 1 O FUNEI director shauld	230 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
Pag Pag dire	Burral (pecify) June 14, 1968 West Liberty Cemetery Dubois, Pennsylvania
	24 FUNKRY DIRECTORY Wison China 84 3ADDRESSEONGIA Ave. 250. RECID BY REGISTRAR 250. REGISTRAP & GINATURE VILLE
VR A15 (4) 30M REV 1/68	Warner E. Pumphrey, Inc. Silver Spring, I'ld. DATE JUN 18 1968 f



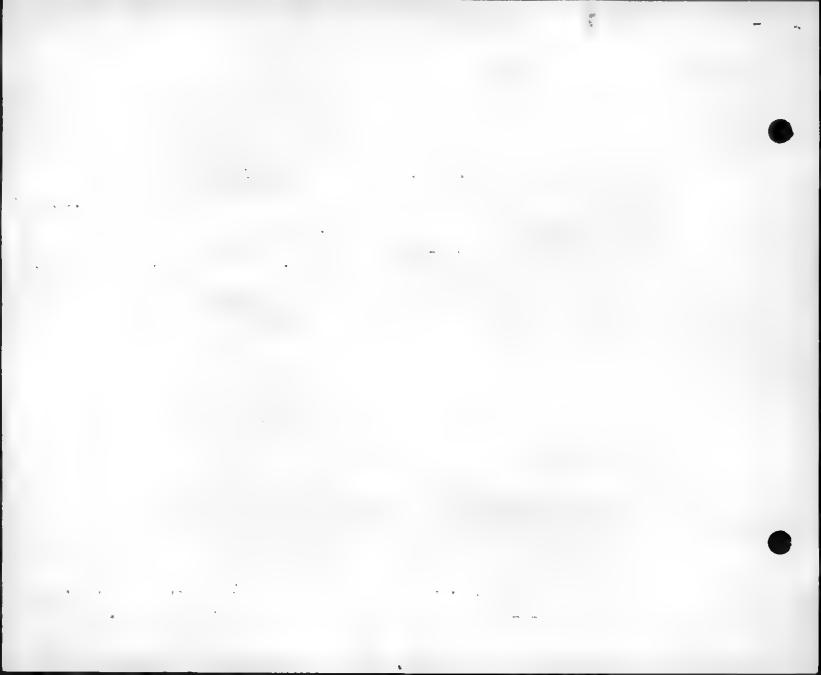
VR A15 (4) 30M REV 1/68 24. FUNERAL DIRECTOR
JOSEPH GAWLER& SON, 5130 WISCONSIN AVE. BETREAM

2Sq. REC'D BY REGISTRAR

256. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH 20043 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH requires that the death certificate be executed within 24 hours after death (Type ar print) Month Rebol (nmn) Haley 1968 4/ RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (in years last birthday) DAYS HOURS Female 1/3/1895 Caucasian 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Kentucky WIDOWED 🔽 DIVORCED [USA 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address)
Univ. Nurs. Home during most of working life, even if refired)
Clerical worker corban Wheaton .3a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b, COUNTY odmission) STATE YES NO 14631 Crossway Rd., Reskuit Rockville lontoomerv 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First motorow Joseph Gaskey Louise Pinner 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 4225071 SECRES Daughter Address 17. INFORMANT Yes, na ar unknawn) (If yes give war or dates of service) Clara H. Howard Same as Item 13. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) signed by the buriol-tronsit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO DO ficate 2.0 ACCIDENT WAS UNDERLYING 216 TIME OF INIJRY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ò OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (.f either, nat'fy medical exam'ner) Poge 4 may be retained by the hospir O FUNERAL DIRECTOR: After this certif 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street OF R.F.D. No. City or Town County State While Not while of work 22a | certify that (1) (this haspital) attended the deceased from saw the deceased onve on 19 and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (drd) (did not) view the bady after death. 22 DAZE SIGNED 22b. SIGNATUR director, poge should be filed DIRECTOR 22d PHYSICIAN S 22e. ADDRESS NAME (Type Myron Lenkin, M.D. 2309 Shorefield Rd., Wheaton, Md. 23 Chame of CEMETERY OF CREMATORY CECAT HILL Crematory 23a BURIAL, CREMATION, Robert A Pumphrey 7557 Wisconsin Ave 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 30M REV 1968 Ocharles Bethesda, Md



DECEASED NAME

(Type or point)

Male

10. CITY OR TOWN OF DEATH

edmission) STATE Md.

Yes, no or unknown)

14 FATHER'S NAME

Coleman

Silver Spring

3 SEX

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH First Middle Last 2a. DATE OF DEATH 2b. HOUR LEWIS **BOHANNAN** HAMLETT 4. RACE S DATE OF BIRTH F LINDER 1 YEAR 6 AGE (In years last bythology) HOURS White August 30, 1915 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED TA NEVER MARRIED TO Montgomery U. WIDOWED [77] DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give sheet lodges Cross Hospital during most of working life, even if retired.) 124 SHEET AND NUMBER 130 USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Apt. 104 Montgomery Glenallen Ave. Sil. Spring M ddle IS. MOTHER'S MAIDEN NAME First Middle Lost Lost () Caricisa distant Hamlett Marv Hickson 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 511 Sp. Md. 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Margaret Hamlett 253 Glenallen Ave. Apt.104 577-05-9249 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF

Conditions, if only, which gove) rise to immediate cause (a). stating the underlying couse!

First

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a, DATE OF OPERATION

20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗍

21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) P.M

21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)

21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No While Not while at work

220. I certify that (1) this hospital attended the deceased from saw the deceased alive an 1900, and that causes stated above, (1) (we (1,d) (dig not) view the body after death. 22b. SIGNATURE

1968, and that it (my) (our) opinion death occurred on the date and hour and from the

22d. PHYSICIAN'S NAME (Type) ATTENDING PHYS.

MED DIRECTOR

City or Town

22 DATE SIGNED

County

Stote

23b. DATE June 19. 1968

23c NAME OF CEMETERY OR CREMATORY Monocacy Cemetery 23d LOCATION (City or Town) Bealsville

(County) (State) Md.

24 FUNERALIDIRECTOR

2So. REC'D BY REGISTRAR

25b. REGISTRAR'S SIGNATURE

30M REV

rectar,

requires that the death certificate be executed within 24 haurs after death

¢ompletel**x**

signed by the attending physician and obvirial-transit permit. Then please remi

has been

O FUNERAL DIRECTOR: After this certificate

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Examiner

Medical

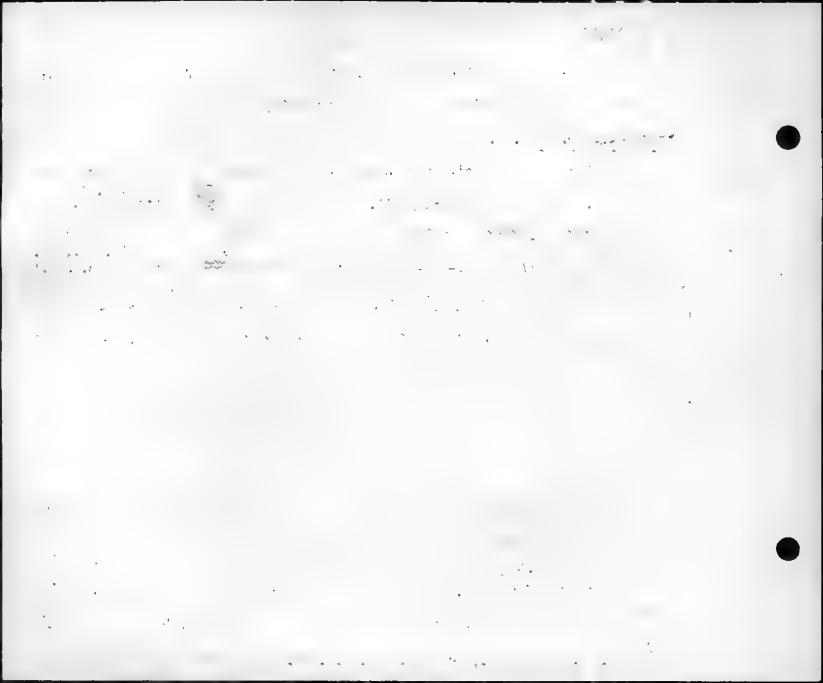
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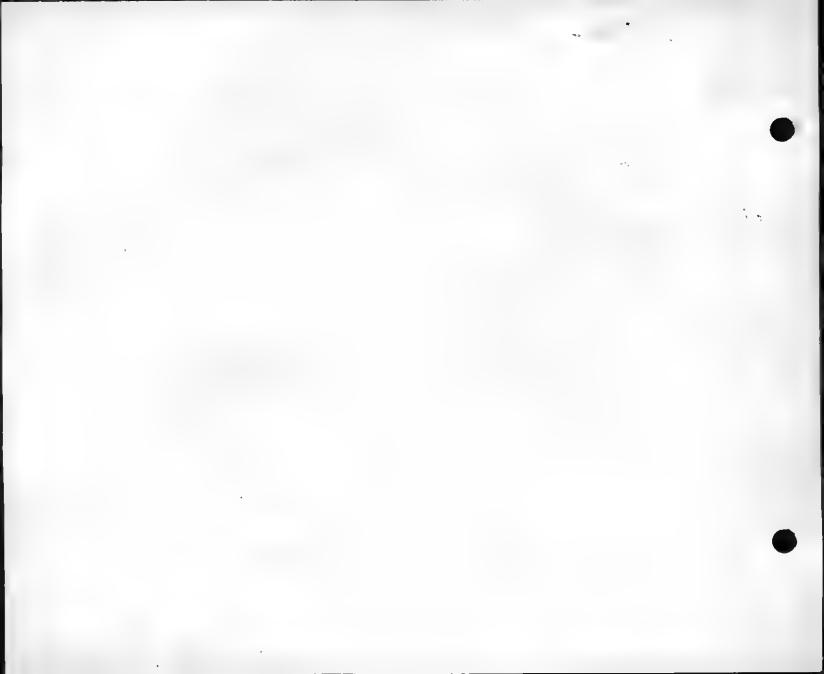
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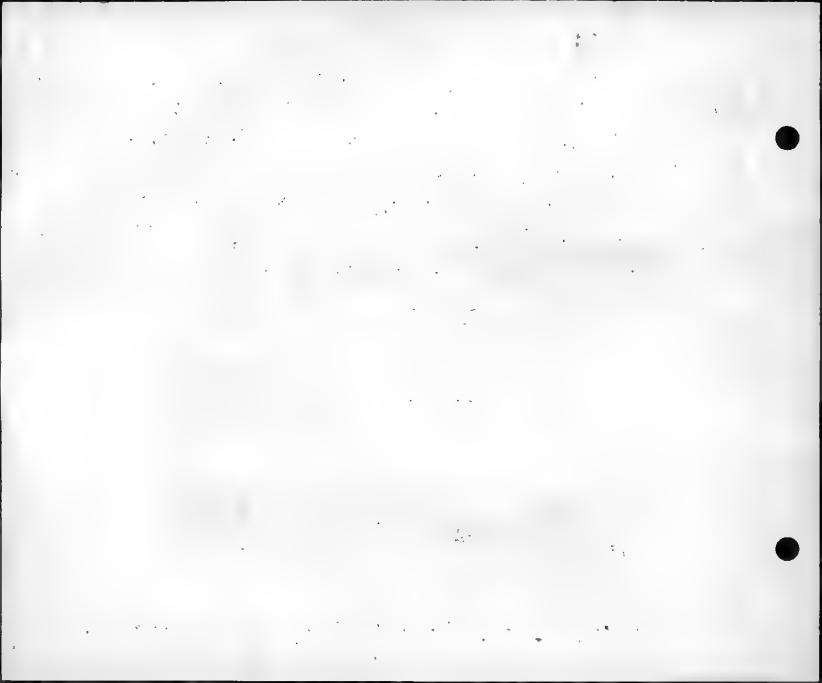
8434 Ga. Ave. S.S. MANEJUN







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1	L	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CCC53 CERTIFICATE OF DEATH
death.	1.	DECEASED NAME First Middle Lost 2a DATE OF DEATH (Type or print) Month Day Year C
r death		Harrell 6 16 6014
The second	3.	leet buthelow) Months Dave House Mon
SE (EAS)	70	Temale White 2-15-86 82 YRS. BIRTHPLACE (State of Foreign 7b, CHIZEN OF WHAT COUNTRY? 8. MADDIED DIRECTED 9. COUNTY OF DEATH
Page 1		unity)
executed within 24 hours after death decompletely filled in the funeral smare carban papers. The first and any event, within 72 caus after death	10	CITY OR TOWN OF DEATH . IT. NAME OF HOSPITAL OR INSTITUTION (If hot in hospital 120 USUAL OCCUPATION (Kind of Work done 1126 KIND) OF BUSINESS OR
it it is a second of the secon	/	Takoma Park (sushing to Sanitarium during most of working life, even it retired.) (NOUSTRY DOWN TO KO
uted w mplete ve carb event,		USUAL RESIDENCE (Where deceased lived, it institution—Residence before 134 LUTY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET AND NUMBER,
completely ave carbai y event, wi	-	mission) STATE and Hance George Huar Ville YES IN NO 1608 Dayon Rd
that the death certifiate be execution. by the attending physician and comtransit permit. Then please remave crematian, ar remaval, and in any every	- 14	FATHER'S NAME First Middle V Gost (15. MOTHER'S MAIDEN NAME First Middle Lost
green and in		MUCLIM ISTA OS NOW COLLYN CULTY NO. 117 INFORMANT 1 Address CICKON CIRCLES
sician Sician please	1	(a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Takama lark Yes, no, or unknown) (1 yes give wor or dates at service) TO 2-12-0460 (Logninal natural properties) Address Takama lark TO 2-12-0460 (Logninal natural properties)
ph hen navo	=	ADDOLYMATE INTERVA
attending physpermit. Then permit. Then parmit ar removal.	1	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) PART I. DEATH WAS CAUSED BY:
dec riffen ermi n, al	П	5969 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF
t the cather sit proportion		Conditions, if ony, which gave Bladder
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M G TO I	Т	last / 0 5 A (c)
physic signec burial burial	Т	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a)
The law ratending has been se as the h priar to	3	190 DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? [20b. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
tten tten as b as b as b pric	X	YES NO CAUSES OF DEATH?
AN: The law rad at a strending itate has been for use as the Health priar to		21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
	30,40	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year
PHYSICIAN: he haspital ar this certificate etached far u s. Dept. af Healt	1	
	Т	at work at work
After be of State		22a. I certify that (I) (this hospital) attended the deceased from \$\frac{4}{3}\$, 19 \$\frac{4}{3}\$, that (I) (\frac{4}{3}\$) saw the deceased alive an \$\frac{19}{3}\$ \$\frac{19}{3}\$ \$\frac{4}{3}\$ and that in (my) (aur) apinion death occurred on the date and hour and from the
S G g S		couses stated above, (I) (aid) (did) view the body after death.
OR ATTENDIN be retained by DIRECTOR: After ge 3 should be	ı	226 SIGNAPORE 221 DATE SIGNED 221 DATE SIGNED
OR be 7		DEGREE PHYS DIRECTOR PHYS DIC-16-68
may be RAL DIR RAL DIR , page 3 be filed	1	22d. PHYSIGAN'S NAME (Type) 22e. ADDRESS
Page 4 may 1 To FUNERAL D director, pag	70	
Beg Signature	12.	REMOVAL Specify 6/19/68 Ft. Lincoln Com. Colman Manor. 1:d.
	2	1. FUNERAL DIRECTOR '8 LLOV'S FUNOral ADDRESS Mt. Raintel 250 RECO BY REGISTRAR 256 REGISTRAR'S SIGNATURE
30M REV 168		Home, Inc. M.I. Jun 2 1 1968 yellanlas Jusque



the funeral death.

nnd completely filled in

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending pysscion and completely filled i director, page 3 should be detached for use as the burnal-tronsit permit. Then please temove corban papel ashould be filled with the State Dept. of Health prior to burnal, cremation, or removal, and in any event, within 72

JOM REV NES

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	60 (3)				,	FIXILI	CHIL OI	DEATH					
	ASED-NAME	First			Middle		Last		20 DATE				2b. HOURA
(Түре	ar print) Ja		William			Harri	S		June	1968	8 12:40		
3. SEX			4. RACE				S. DATE OF E	BIRTH	-	6. AGE (In)	/ears	IF UNDER I YEAR MONTHS DAY	
	Male			Neg	ro		17 Oc	tober 1	.910	lost hirthd	YRS.	MONTHS DAY	5 HOURS MIN.
7o. BIRT	HPLACE (State or fore	ign /	b. Citizen C	OF WHAT CO	OUNTRY?	8. MARRIEI	NEVER MA	RRIED	9 COUNTY (DF DEATH			
TIV	ginia		USA			WIDOWE	DIVO	RCED	Mon	tgomery			Md
	or town of DEATH thesda			II NAME OF	HOSPITAL OR INS	TITUTION (II L Cent	not in hospitoi ter, NI	H during me		ON (Kind of wo		12b. KIND O INDUSTRY	OF BUSINESS OR
130 USL	JAL RESIDENCE (When	e deceosed Colu	lived, if in	statution: Re	esidence before	13c. CITY C	R TOWN Lngton	YES NO		street and nu		Lace, I	N. E.
14. FATH	IER S NAME First		Mide	dle	Lost		IS. MOTHERS A	IAIDEN NAME F		1	Middle		Lost
	Joh	m			Harr:	Ls		E	lla				Brooks
160. WA	AS DECEASED EVER IN	U.S. ARME	D FORCES?		SOCIAL SECURITY I		INFORMANT	The Me	dical	Record	ddress		
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18.	CAUSE OF DEATH (per line for	(o), (b), ond (c).)						APPRO BETWEEN	DXIMATE INTERVAL N ONSET AND DEATH
	PART I DEATH WA	S CAUSED IMMEDIAT	BY. E CAUSE (a) .	Cer	ebrovas	cular	Insuff	iciency	r .			Ho	urs
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	e to immediate cau sting the underlying		DUE TO,		ONSEQUENCE OF	· · · · · ·							
las)	(c)							_			
PA	ART 2. OTHER SIGNIFIC	ANT COND	ITIONS CONT	TRIBUTING T	TO DEATH BUT NO	OT RELATED	TO THE TERMIN	AL DISEASE ORC	ONDITION GIV	VEN IN PART 1(d	3)		
2	Hydr	ocep	halus										
CERTIFICATION 13/2	DATE OF OPERATION			R WHICH OP	PERATION WAS PE	REORMED	20a. AUT	OPSY?		IF YES, WERE F	INDINGS CO	ONSIDERED IN	CERTIFYING
量							YES] но 📑	CAUS	SES OF DEATH?			
	a ACCIDENT WAS UN		m 1 m 1 m	ME OF INJUR		21c.	HOW INJURY O	CURRED (Enter	nature of in	jury in Port 1 c	or Part 2, I	tem 18.)	
	OR CONTRIBUTING CAL either, notify medical			A.M. Mor P.M.	nth Day Year 19	,							
2	d. INJURY OCCURRED	21e. P					LOCATION Stre	et or R.F.D. Na	Çi	ity or Town		County	State
W ot s	hile Not while work]		(Onice	BUILDING, ETC.	-1							
22	2a I certify that saw the dece	(1) (this	hospital)	attended	the decease	d from	May 14	19.6	8 , to_e	June 26	19_	68 , the	ot (# (we) lost
	saw the dece	ased ali	ve an Ji	une 2	b]	9 60 0	nd that in 🏋	👣) (our) opi	nion death	accurred o	n the da	te and hou	r and from the
-	causes stated	abave,	(\$) (we) (did) (alay	1919 view the	bady affe	r death.						
223	b. SIGNATURE	// 50	9	4 -			ATTEND	ING M	IED.	3 STAFF		DATE SIGNED June:	1068
	11 mm	- (,	2	in	as M	DE	REE PHYS.	DRESS The	RECTOR	J PHYS L	Ler.	Nal.io	1300 usj
220	d PAÝSIČANS NAME (Type) NAM	chol	oe E	Contar	or M D		Ins	titutes	of He	ealth.	Bethe	esda.	Md.
						_							
	JRIA., CREMATION, MOWAT (Spenity)		1-68		23c. NAME OF LINC					ION (City or To		S.E.D	C(State)
24 FUN	neral director Monson F	uner	al .	er.	900 Wass	h St	cN.V.	2Sa. REC'D B	Y REGISTRAR	68 25h PE	GISTRAR'S	SIGNATURE	ye

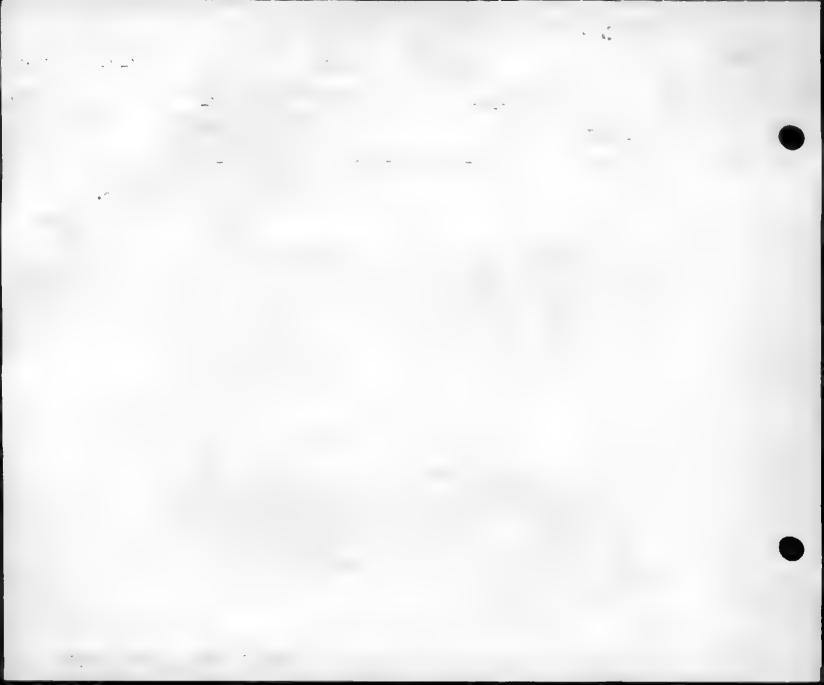
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FOD (7) TE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH										3 0	+3	
FUR STARE	1.0	ECEASED NAME	First	WEDIC	AL EXAM					D 477 W4	TP III	W.,	la vou
ncatingueni.		Type or Print)	MARY		CONII	A	HARR	IS		OF E	STI-	6-29-68 rear	10p.
P M3. Pag	3 \$	F	4. RACE N	S DATE OF BIR	_	6 AGE (n years So birthday) YRS	ANONTHS	YEAR IF UNDER DAYS HOURS	24 HRS. 2		NOUNCED DEA 294	D	2d HOU
- E A	coun	BIRTHPLACE (Stotery) VIRO	INIA	AMERICA	ĮN	WID	OWED 🔚	ER MARRIED DIVORCED	MONT	OF DEAT	Y		,
Give Pages ong with to th the Store		ITY OR TOWN OF DEATH AKOMA PARK 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during oversity of the even if retired) 12 LSUAL OCCUPATION (In def work dame during oversity of the even if retired) 12 LSUAL OCCUPATION (In def work dame during oversity of the even if retired) 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during oversity of the even if retired)										JSINESS OR	
eo eo eo	0	dmission) STAT		13b. COUNTY	18/1/1	TAK	DMA PA	1	NO 🔲 0N	202	Geneve	Ave.	
ncil in 14 hours ncil in Office niner's Office pages Land 2 haurs after d			OSES	M.ddle		OTH		S MAIDEN NAME	LÍŽAI	BETH	Middle	ort	ER
		WAS DECEASED E es, na, or unkno	VER IN U.S. ARMED FO With (If yes give w	IRCES? or or dates of service)	16b. SOCIAL SECL	JRITY NO.	17. INFORMAN HOS	PITAL RE	CORDS	3	ADDRESS		
uld be executed and "pending" in e Chief Medical E JI-transit permit. F		PART I. Conditions, if rise to immediate	F DEATH (Enter anly DEATH WAS CAUSED IMMEDIAT Ony, which gave diote couse (a), nderlying couse	BY. E CAUSE (a) DUE TO, OR (b)	P 17 & U AS A CONSEQUE AS A CONSEQUE	MCE OF	ia. E	Bauteri	·a/-,	Bi/o	tera	DETAILER OFF	ATE INTERVAL HET AND DEATH
ate g the ad 1	2	PART 2. OTHER	SIGNIFICANT CONDIT	IONS CONTRIBUTI	NG TO DEATH BU	JT NOT RELATED	TO THE TERM	INAL DISEASE OR (CONDITION	GIVEN IN PA	ART 1(a)		
This certificat icate, writing be farwarded d be used as o ar removal, an	CERTIFICATION	190. DATE OF	OPERATION		19b. CONDITION WAS PERFO		ERATION					20. AUTOP	
三、進七 중 집 시	MEDICAL CE	CAUSE OF DEA	OR CONTRIBUTING [HOUR A.I	M.	19	Pic HOW INJU	JRY OCCURRED (En	nter nature	af injury in	Port 1 or Par	t 2, Item 18 }	
CAL EXAMINER: execute the cert ar. Page 4 shaul d far your files. TOR:Page 3 shau	W	21d INJURY DO	NOT WHILE focts	ACE OF INJURY (a ory, office buildin	g, etc.)			Street at R F D No		City or 1	lown	Cornsh	State
JIX DIEGES PER		death re ACTUAL SIGNATURE EXAMINER'S	certify that I to		ses 🔼 , Ad	escribed abovecident [],		, Homicio CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA	le [], EXAMINER ICAL EXAMINE	NER C	mined man		my opiaic
necessary, the funers 5 may be 10 FUNERA Health pr	230	NAME (Type) BURIAL, CREMA EMOVAL (Spe	ATION 23b (13/68		ME OF CEMETER			23d L	OCAT ON (Ci	ity or Town) LAND	(County)	(Stote)
VR A15ME (6)	24 (FUNERAL DIRECT		13168	2603	ADDRES	lungti		D BY REGIS			AR'S SIGNATURE	-4~0
TOM REA ITOM	_					1		_ الماليا هند		777	1		



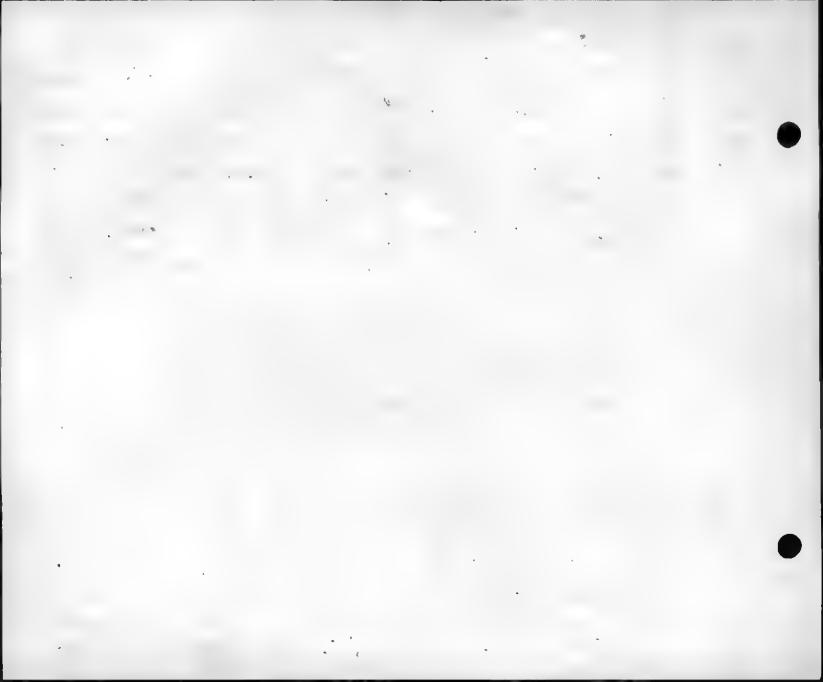
the funerol gotto and 2 affer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate hos been signed by the attending physicion and completely filled in by director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon popers. Schould be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in ony event, within 72 hours. Poge 4 may be retained by the hospital or attending physician.

30M REV

-	m C C C 38			CE	KHILIC	AIE OF DEA	ш					APRIL .
. DECEASED		Erst	~	/ Middle,		Lost	2	a. DATE OF D				2b. HOUR
(Type or	print)	(,	('.)	VdP.	F	TARRIS	2		Mapth	Doy	Year	9 - AM
l. SEX		T	4. RACE	1-5-		5 DATE OF BIRTH			6. AGE (In years		F LINDER 1 YEAR	IF UNDER 24 HRS.
M.	Ale		white			12/3/	1891	1	last birthday)		ONTHS DAYS	HOURS MIN.
	LACE (State or fa	reign 7b.	CITIZEN OF WHAT C	OUNTRY? 8	MARRIED	NEVER MARRIED Z	7 90	OUNTY OF D	EATH			
country)	Maryla	nd	U.S.A				- 10	nont	gome	RY	,	Md
O. CITY OR	TOWN OF DEATH	1	11, NAME C	OF HOSPITAL OR INSTIT	ution (If no	DIVORCED (It in haspital - 12: It is passing to but It is passing to but TOWN 3d Insil	a USUAL O	CCUPATION (Mind of work d	one	126 KIND OF E	BUSINESS OR
Whe	aton		1901 4	econgia 40	e, Whe	atan md	Soun	tv Go	vt. Em:	0 .	Retii	red
			lived, if institution: F	Residence before 13	CITY OR	TOWN 3d INSI	DE CITY LIMITS?	13e STRE				2 /
odroission)	2RV/91	1 d.	Thentage	nery C	raith	ersburges [NO 🗌	Rt	3 TRG	avil	alt K	oad
4 FATHER	'S NAME Fir	st	Middle	Last	15	. MOTHER'S MAIDEN N	AME First		Midd	le		Lost
	Ri	chard	Harr	riss		Estelle S	pate	5				
16a, WAS [DECEASED EVER II	N U.S. ARMED	datas of consult	SOCIAL SECURITY NO.		NFORMANT			Addre	ess		
1110	or unknawn)	(11 kas Alza ardı dı	213	3-38 p 2055	A	Susan E.	Aud ·	- Nie	ce			
			ne cause per line foi	r (a), (b), and (c).)								AATE INTERVAL NSET AND DEATH
	PART I. DEATH W	AS CAUSED BY IMMEDIATE (uzharen		in de 1	1 nemi	16.4-			7 0	der 4
1	. At	1100116011116	DUE TO, OR AS A									
	itions, if απή, wh			etusty	This	, CH	March	ute	tc		- 6	mos.
	a immediate co ng the underlyin		DUE TO, OR AS A				1					
lost.	ig the ollowillin	9 (0036)	(c)									
PART	2. OTHER SIGNIF	ICANT CONDIT		TO DEATH BUT NOT	RELATED TO	THE TERMINAL DISEA	SE OR COND	DITION GIVEN	IN PART 1(o)			
17	7 Pus	tholy	ATURE	breckur	_ /	D his						
190. D	ATE OF OPERATIO	N 196 CON	DITION FOR WHICH C	PERATION WAS PERFO	RMED	20a AUTOPSY?	9	20b IF Y	es, were findi	NGS CON	ISIDERED IN CE	RTIFYING
190. D	None	142	ent	V _z		YES 🖂	NO []	CAUSES (OF DEATH?		~	*
	ACCIDENT WAS U	INDERLYING	21b. TIME OF INJU	URY	21c HC	OW INJURY OCCURRED	(Enter not	ture of injury	in Part 1 or Pa	rt 2, Ite	m 18)	
	CONTRIBUTING CC			onth Doy Year				, ,				
	IN JURY OCCURRE	D 21a PIA	CE OF INILIRY / AT H	19 DME, FARM, STREET, FACTOR	7.1 21f 10	CATION Street or R	E.D. No.	City o	r Town		County	State
While	e Not while [(OFFIC	CE BLILDING, ETC.	/			,			,	
at war	L certify the	et (I) (this I	anspital) attende	ed the deceased	from	3 20	19 (08	3. to (014	19 6	S) that	(i) (wa) last
	saw the dec	eased alive	on	3 19	La Zana	that in (my) (or	ır) apinio	n deoth o	curred an th	e dote	ond hour o	and from the
	causes state	d abave, (I) (we) (did) (did	net view the ba	dy after a	leath.	, ,					
226. S	SIGNATURE		4.5			ATTENDING _	MED-		STAFF -	22c. DA	TE SIGNED	40
	1	elu.	D Tun	weeth 1	N MEGR	EE PHYS. L	DIREC	TOR L	PHYS.	6	14/6	6.
	PHYSICIAN S NAME (Type)	Joh	2 C m	visingly	mi	220. ADDRESS	30 V	1 4	- hw	, ,	DL	. •
230 BUR A	AL, CREMATION, SVAL (Specify)	23b DAT	58	3t NAME OF CEN	NETERY OR	CREMATORY	23	3d. LOCATION	((ity or Town)	, M	(County)	(State) 그
24. FUNER	AL DIRECTOR			ADDRESS Z	LNoc	k Pike 259	REC'D BY P	GISTRAR D	2Sb. PEGIST	RAR'S SI	GNATURE	
11.42	Jon he	eler i	uneral l	Home Rock	vill	e, Md. DATE	A A	1300	A	-1-04	June of	Salet-



1	Ē	TEMS 18-222 Film 402 MARYLAND STATE DEPARTMENT OF HEALTH 15-68 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	102 7
HEALTH DEPT.		1 OECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day (Type or Print) OF ESTI-	y Yeor 2b. HOUR
≥ F 8 7	-	Mel ma tillen Harling DEATH MATER SURVE	29 1968 BPM
dela		MIST BITTHERE MONTHS DAYS HERS MIN MARCH	Year 1968 6 M
Part Part	X	7a BRITHPLACE (Stalp or foreign 7b. Git ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH,	1900 B P M
7543	7	COUNTY OF THE WIDOWED DIVORCED MONTGOME	zyel Md
de d	,		KIND OF BLSINESS OR
. > = =	ŀ	13a LSUAL RESIDENCE (Where decegred lived, if institution Residence before 13c CIDY OR TOWN , 13d INSIDE CITY LUMISS? 13e STREET AND NUMBER	MSTCHIA.
alc		odmission) STATE Md. 136 COUNTY Want, Rensington YES 12 NO 13915-BZ/1	imore st.
thaurs Item 1 Office 1 and 2 after d	4	14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
2 5 2 5		Januar F. Harthay Tota For	down
I within 24 n pencl in Examiner's File pages		16d WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Jinknown) (It yes give war or didies of service) (It yes give war or didies of service)	20-17- La
	d	18 CALICE OF DEATH (Enter only one cours per lone for (a) (b) and (c))	APPROXIMATE INSERVAL
executed inding in Medical E permit. F		PART I. DEATH WAS CAUSED BY MMMeDIATE CAUSE (a) Alcoholic intoxication - acute	BETWEEN ONSET AND DEATH
be execut pendingi lief Medico misit permi		DUE TO, OR AS A CONSEQUENCE OF	
d be Chief		Conditions, if any, which gave The tall minediate cause (a), Conditions, if any, which gave The tall minediate cause (b). DUE TO. OR AS A CONSEQUENCE OF	
is shauld be executed he ward "pending" is the Chief Medical burial-transit permit.		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate sh g the ed ta i s a bu	Ì	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART I(a)	
		X 80.0	T.
is certific le, writin farwards e used at remaval,		196 COND T ON FOR WHICH OPERAT ON WAS PERFORMED? 210 EXTERNAL CAUSE WAS 21b TIME OF WJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2. Herm)	20. AUTOPSY? YES NO NO
This ficate, be fo		210 EXTERNAL CAUSE WAS 21b TIME OF MURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter noture of in ury in Port 1 or Port 2, Item 1	
		PRIMARY X OR CONTRIBUTING 4:00 PM 6-29- 1968 Took large amount of whiskey	
CAMINER: te the cert te 4 shaule /aur f les. age 3 shau crematian,		210 1 2	ounty State
		AT WORK LIAT WORK KI Home 3915 Baltimore St. Kensington	Montg. Md.
CAL E executor. Pa for CTOR: I burral,	1	22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apinian
please education director		CHIEF MEDICAL EXAMINER	
w_		SIGNATURE	am a .am .
P = = - 8:	- 1	EXAMINER'S NAME (Type) Only G 1311 ADDRESS(Street, city, town, or county)	30,1969
necessary, the funera 5 may be 10 FUNERA		John S. Have	unty) (State)
_ =		Burial July 2 1968 Greenbrier Cemetery Hinton Cest Vire	74 4 7
NA ATEMP IP		24 FUNERAL DRECTOR W. Lee 16 250 8434 COOPSTAIR 250 REC'D BY REGISTRAR 256 REGISTRARS SIGN	
VR A15ME (5) 10M REV 1/68		Warner 1. Pumphrey, Inc. Silver Spring, Md. JUL - 5 1868 Schools	10

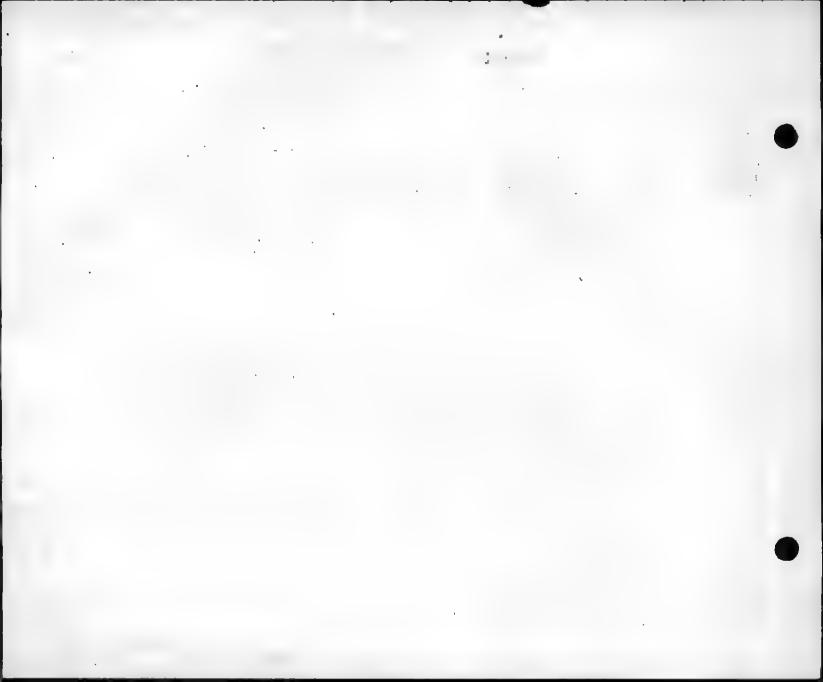


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission 1. PLACE OF DEATH a. COUNTY 4 10NTGOMERY MARYLAND ilf autside carparate imits. c. LENGTH DF STAY IN 1b CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest town) write RURAL and give pagest town AKOMA d NAME OF HOSPITAL DR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS B IS RESIDENCE ON A FARM? YES NO NAME OF Middle DECEASED 1968 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS SEX remove last birthday) Months Davs Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT pleose INDUSTRY COUNTRY? Du sewie 13. FATHER S NAM 14. MOTHER'S MAIDEN NAMI or removol. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates af service) ASHINGTON buriol, cremotion, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) signed by the burial-transit PART I. DEATH WAS CAUSED BY: CARNIAC ARREST IMMEDIATE CAUSE (a) be retained by the hospital or ottending physician. DUE TO ARTERIOSCLEROTIC CARTIOVACLULAR DISEASE Conditions, if any, which gave rise to immediate cause (a), X MYOCARDIAL NEGENERATION DUE TO prior to l stating the underlying cause as the last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) ND certificote 20g ACCIDENT WAS UNDERLYING 20b, DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (State) Haur om Not While factory, street, office bldg., etc.) at work 21. I certify that (1) (this haspital) attended the deceased fram 19 of ta fine 1, 19 of that (1) (we) last saw the deceased alive an 19 of and that death accurred at 8 mm, fram causes and an the date stated above. director, page 3 should should be filed with the 22a, SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Page 4 may O FUNERAL NAME (Type) /CONA BURIAL, CREMATION LDCATION (City or Town REMOVAL (Specify) 2Sq REC'D BY REGISTRAR REGISTRAR'S, SIGNATURE FUNERAL DIRECTOR 1968

VR A15 (4) 20 M 1/66

the death certificate be executed



1	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
	CERTIFICATE OF DEATH
1.	PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY A b. COUNTY b. COUNTY A b. COUNTY A b. COUNTY A county count
_	I m to may what I d. Win to mare
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
-	d. NAME OF HOSPITAL OR INSTITUTION (# not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS d. STREET ADDRESS
4	B. (D D 1)
3.	NAME OF First Middle Last 4. DATE Month Day Yast
	(Type or print) E. L.La. Mary Hawhins DEATH June 4 1968
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yaars F UNDER YEAR IF UNDER 24 HRS.
	last birthday) Months Days Hours Min.
	a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF SUSINESS OR INDUSTRY 1), BIRTHPLACE (County & State or foreign country) + 12. CITIZEN OF WHAT COUNTRY
"	Donast of working life, even if retired - Montgomary Md. U.S.A.
13	FATHER'S NAME
	James Campbell Unknown
15 (Y	as, no, or unknown) (Hyasgivewar ordales of service) 2.19-54-8301 Harbert Dur ALL Son R1, Gaithershuld
	18. CAUSE OF DEATH (Enter only one cause par line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
	MMEDIATE CAUSE (a) CONTRACT SEE LUS CON
	Conditions, if eny, which) (b) Articias clarasis generalized
	gava risa to immediata cause
	(a), stating the underlying cause last.
N N	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
A P	Debilitating Degenerative Ostroathritis
RTIF	20a. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED. (Entar nature of injury in Part II or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. [City or town) (State) Hour a.m. (State)
₹	p.m. 19 al work at work
	21. I certify that (I) (this hospital) attended the deceased from 1957 to 5, 1968 that (I) (we) la saw the deceased alive on 15, 1968, and that death occurred at 1256 from the causes and on the date stated above
	22s. SIGNATURE A 22b. DATE
	(Vereto, Jackson M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 6-5-GIGNE
	22c. PHYSICIAN'S NAME (Typo) 22d. ADDRESS 22d. ADDRESS
	CLIVE CIGACKSON 202 MAIN TO, KELNONE, MA.
23	BEMOVAL, (Specify) 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, lown or county) (Sinte)
1	SUCIAL 16-8-68 SI, KOSE CEMERCY (10 ppecs, 1/10 nlg 1/14). FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1258, REC'D BY REGISTRAR, 25b, REGISTRAR'S SIGNATURE, 448.
12	ADDRESS SIGNATURE STOCKWELLE, MIL. DATE JUN 11 1968. REGISTRAR'S SIGNATURE STOCKWELLE, MIL. DATE JUN 11 1968.
0	Ju von Manufacto Harris Marie Com 12 1
	MEDICAL CERTIFICATION



__660

the funeral

offer death

**O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Poge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physicion and campletely filled a director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon paper should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

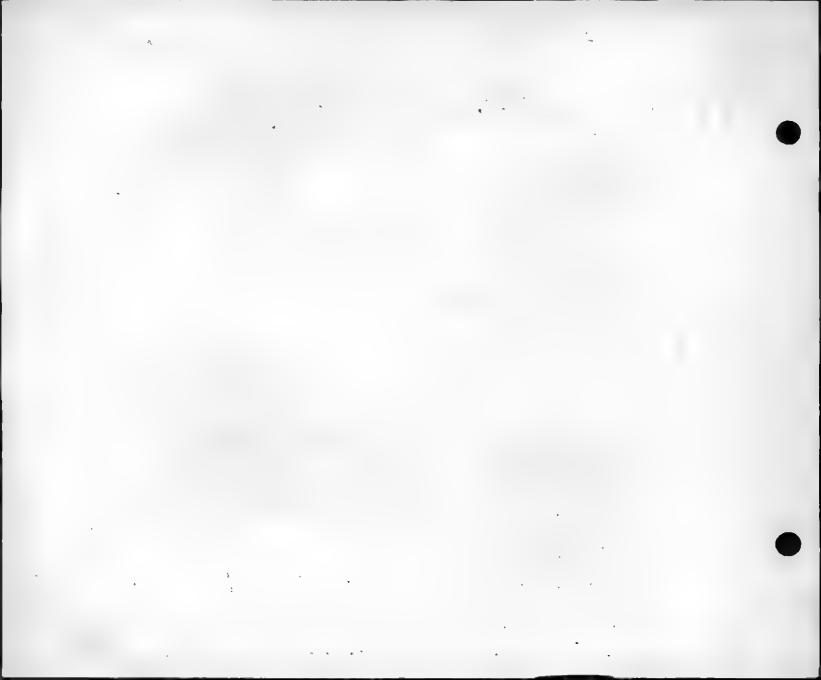
	3.7	C	67	63	
_	_	_		Lot	

					V			-
	ECEASED-NAME	First	Middle	Lo	st	20. DATE OF DEATH		2b. HOUR
(1	(ype or print)	Charles	Horatio	HEAT	H	JUNE Month 2	Doy 68	5:25AM
3. SE	X	4 RACE		S. DAT	E OF BIRTH	6 AGF (In years	IF JNDER 1 YEAR	IF UNDER 24 HRS.
	Male	Cauc	asion	31	Mar 1909	lost birthdoy) 59 1	/RS, MONTHS DAYS	HOURS M.H.
7o 8	BIRTHPLACE (State or	foreign 7b. CITIZEN O	OF WHAT COUNTRY?	8. MARRIED KNE		9. COUNTY OF DEATH		
(GUF	rry) Virginia	Uni	ted States	WIDOWED [DIVORCED	Montgomery	County	Md
10. 6	Bethesda	ith 1	II. NAME OF HOSPITAL OR IN: Wasteel 1dd Hospit	STITUTION (If not in ho	spital 12a USUA duringma	L OCCUPATION (Kind of work do		BUSINESS OR
130.	USUAL RESIDENCE (W			LI3c, CITY OR TOWN	LIBERT LINE CITY LIL			
odmi		G. 13b. COUN	TYMITA	Washingto		X 5213 Valley	r Road S	E.
4.	FATHER'S NAME	First M dd	de Lost	IS. MOTH	ER'S MAIDEN NAME F			Lost
	Thomas Co	rneilus HEA	TH	d At	ice		Sebille	•
160.	WAS DECEASED EVER	IN U.S. ARMED FORCES?	16b. SOCIAL SECURITY			Addres		D.C.
У	es no or unknown) .	1943-46 50-6	578-20-8	3665 Evels	m HEATH.	5213 Valley Ros	3.2 S.E	WASH
			per line for (o), (b), and (r).			,/L.A	APPROXI	MATE INTERVAL
	PART 1 DEATH	WAS CAUSED BY	C14-51-1-0	toma Mult	form		BEIMEEN C	INSET AND DEATH
	1220	IMMEDIATE CAUSE (o)						
	Conditions, if any,		OR AS A CONSEQUENCE OF					
	rise to immediate	couse (o), ((D)-						
	stoting the underl	ing couse DUE TO,	OR AS A CONSEQUENCE OF					
	lost) (c)						
	PART 2. OTHER SIGI	IFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(0)		
×	1							
AIIC	19a. DATE OF OPERAT	ON 19b. CONDITION FOR	R WHICH OPERATION WAS PE	RFORMED 20	. AUTOPSY?	206 IF YES, WERE FINDIN	GS CONSIDERED IN C	ERTIFYING
CERTIFICATION					YES 😿 NO 🖂	CAUSES OF DEATH?	es	
CER	21o. ACCIDENT WAS	UNDERLYING 216, TIN	NE OF INJURY	21c HOW INJ		noture of injury in Port 1 or Por		
MEDICAL	OR CONTRIBUTING		D. A.E.		,_		,	
MEDI	(If either, notify me	dicol exominer) I	P.M. 15		Street on D.F.D. No.	Edu ou Tour	Enumber	Stote
	While Not while of work	TIE. FORCE OF 11100	JRY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		SHEET OF K.F.D. NO.	City or Town	County	31016
	of work of work	(I) (AL: 1 22 ()		20	ATAN 10	68 4 102 01101	10 68 0	413 / 3 /
	220. I certify if	iar (I) (this naspital)	attended the decease	9 68 and that	in (my) (nur) and	68, ta. U2 JUNE, nian death accurred an the	19 <u>00</u> , that	(I) (we) las
	causes/sta	ted abave. (1) (we) (r	did) (did nat) view the	body ofter death.	in (my) (ddi) api	man asam accorrsa an the	s dute and havi	una nam m
	22b. SIGNATURE		7/11				22c DATE SIGNED	
			1 tobber		TTENDING M HYS. DI	IED STAFF PHYS.	3 June 1	968
	22d PHYSCIAN'S	neuce	11.		2e ADDRESS	IKECTUK - PHIS	<u> </u>	
		ence L. ALTA	KER			PITAL, BETHESDA	MARYTAN	D
_								
230.	BUR AL CREMATION, REMOVARISMENT	23b. DATE 6-6-68		cemetery or crema		Norfolk, Vire		(Stote)
							•	
			al Home ADDRESS		25o. REC'D B	V REGISTRAR 1968. REGISTR	AR'S SIGNATURE	and as so
4	+308 Suit!	and Rd. SE.	Suitland, N	layyland	DATE JUI	1 1000 100	LOW AN	STATE

VR A15 (4) 30M REV 1/68



2	It.	12-68, 22a film 403 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	Ιt	tem?a, Film3473 7/3MEDICATEXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		(Type of Prof)	oy Yeer 25 HOUR
oy 15 3 to	3 S	PIATTHEW TREVOR NEOTHER DEATH MATED X CAMP	29 19 FR M
ny deloy 2, ond 3 2, ond 3 PM3 PM	1	ale White Aug. 1, 1967 - YRS 10 28 HOURS MIN Month Day	Year 19689: 33AM
	70 (OUT	8/RTHPLACE (Stote or foreign 7/2 CITIZEN OF WHAT COUNTRY? B. MARRIED 7 NEVER MARRIED 7 9 COUNTY OF DEATH	
Rages 1, vilh form	10.6	Maryland USA widowed Divorced Montgomery County CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito) 120 USUAL OCCUPATION (Kind of work done 12	Md. 26 KIND OF BUSINESS OR
24 hours after death in Item 18 Give Rage r's Office along with set I ond 2 with the State rs ofter death	Ι.	Silver Spring 946 124 ottoss Hospital during most of working ife, even if retired) N	ibustry none
s ofter de 18 Give I along w along w death	130.	. USUAL RESIDENCE (Where deceased lived, if institution- Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER OF STATE Maryland 13b. (NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13c. STREET AND NUMBER 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13d. MISI	
hours Item 18 Office of I ond 2 v		FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	lost
4 hours 1 Hem 5 Office 5 lond 2		Lawrence Edward Heckman Flavia Virginia	Smith
		.WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no, or unknown) (If yes gove war or dates of service) none 17. INFORMANT ADDRESS TO NO The control of the c	nothon
Exam Exam File			APPROXIMATE INTERVAL
be executed within "pending" in pencil infe Medicol Examine ansit permit. File page event within 72 hou		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I DEATH WAS CAUSED BY- IMMEDIATE (AUSE (o) Bilateral Bronchopneumonia	BETWEEN ONSET AND DEATH
execendin Medin t per		7 8 5 X DUE TO, OR AS A CONSEQUENCE OF	
i be d "pa d "pa Chief ransi		Conditions, if ony, which gove rise to immediate couse (o). (b)	
should be executed with we word "pending" in pertorment to the Chief Medicol Example. File buriof-transit permit. File d in ony event within 72		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
riffica riting rarde d as	NO.	Micrognathia, Glossoptosia & Microglassia (Robin Syndrome) 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This certificate should ficate, writing the ward be forwarded to the Ct do be used as a buriot-tra or removal, and in any	CERT F CATION	WAS PERFORMED?	YES NO
進고 끝이	AL CER	21o EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b TIME OF IN. URY Manth, Doy, Year HOUR A.M. 21c. HOW INJURY OCCURRED (Enter notice of injury in Port 1 or Port 2, Item	18)
INER: The certification is should be files. 3 should a should in	MEDICAL	CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF IN.JRY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK	zioni, ziore
CAL EXECU- e execu- tor. Pog ed for y CTOR: P		220 1 certify that took charge of the remains descriped above, held on Autopsy Inspection Inquiry	and in my opinion
please e) I director. reformed L DIRECTO		death resulted from: Not ral couses Accident , Suicide , Hamicide , Underermined manner	
٥٠_ ٢ _ ١٥		ACTUAL SIGNATURE SIGNATURE ACTUAL ASSISTANT MEDICAL EXAM.NER 226 DATE SIGNATURE	GNED
O DEPUTY necessary, the funeral 5 may be O FUNERAL Health pri		EXAMINER'S DEPUTY MED CAP EXAM NER	29 19/0
TO DEPC necessa the fun 5 may TO FUNE Health	230	NAME (Type) SCLDEN 23c NAME OF CEMELY OF CREMATORY 23d LOCATION (City of Town) (C	County) (Stote)
D	200	BENOVAL (Spec (y) Prince George Burial July 1 1968 Forth Lincoln Cometery Prince George	Maryland
VR A15ME IN	1.	FUNERAL DIRECTOR C. Glen Carter (Medical Carles 250 RECD BY REGISTRAR CO 256 RECHYPAR'S SIG	GNATGRE
1 10M REV. 1/68 W	1111/2	arner 5. Pumphrey Inc. 8434 Georgia Ave. S.S. DATIVE - 3 1000 June	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 u8662 CERTIFICATE OF DEATH THEE DECEASED-NAME Middle 20 DATE OF DEATH 2b. HOUR **First** requires that the death certificate be executed within 24 haurs after death. after death. (Type or print) 4. RACE S. DATE OF BIRTH E LINDER I YEAR IF LINDER 24 HRS 3. SEX 6. AGE (In years lost birthdoy) MONTHS DAYS HOURS YRS 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (Stote or foreign 8. MARRIED T NEVER MARRIED country) DIVORCED IS WIDOWED [T 120 USUAL OCCUPATION (Kind of work done 12b. KUND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life. Even if retired) INDUSTRY physician and camplete 13e STREET AND NUMBER 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c, CITY 13d. INSIDE CITY LIMITS? remove ca even 13h, COUNTY admission) STATE NOT IS MOTHER'S MAIDEN NAME First 14 FATHER'S NAME Middle and in a Gaz. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Address Yes_no_or unknown) or removal, 18. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).)
PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) **burial-transit** rise to immediate couse (a), þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) has been os the 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED FIGH. CAUSES OF DEATH? YES 🗔 NO S far use Health O FUNERAL DIRECTOR: After this certificate 21g ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Doy Year (If either, notify medical examiner) PM defached 21d NURY OCCURRED (AT HOME FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No 21e PLACE OF INJURY City or Town Caunty State White Not while of work 220. I certify that (1) (this haspital) attended the deceased fram I well to 1968, to June 19, 1968, that (1) (we) last and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased alive onbe retained causes stated above, (1) (we) (did) (did not) view the body after death. 22b SIGNATURI DATE SIGNED ATTENDING MED DIRECTOR STAFF PHYS 22d. PHYSICIAN S 22e, ADDRESS NAME (Type) director, shauld LOCATION (City of Town) 23b. DATE CEMETERY OR CREMATORY (County) (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 38888 CERTIFICATE OF DEATH 2b. HOUR TO 1. DECEASED-NAME First Middle Last 20 DATE OF DEATH haurs after death the attending physician and completely filled in by the funeral sit permit. Then please femose cabon papers. Pages I and (Type or pont) June Month 1 Doy 1969 Herbert Henderson 8:50M James requires that the death certificate be executed within 24 hours after de 3. SEX 4. RACE S DATE OF BIRTH F LINOER 1 YEAR IF LINDER 24 HRS. 6 AGE (In years last birthday) 10/16/88 White Male 7o BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [WIDOWED 1 Montgomery Maryland
10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during most of working life, even if retired) give street oddress)
Montgomery General Hosp. INDUSTRY. <u>***</u> Olney 130 USUAL RES DENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY Howard Glenwood Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost or removal, and in Alvetta Henderson Johnson Frank 17 INFORMANT Records 160. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no. or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO. Address 212-32-4503 Montgomery Gen. Hospital, Olney, Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Acute cardiac failure Immediate DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) Coronary thrombosis 3 weeks this certificate hos been signed by the letached for use as the burial-transit rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoling the underlying couse (PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? VES YES 🔀 NO [210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (1) (this taxastat) attended the deceased from 8/2/ , 19 48 , ta 6/1/ , 19 68 , that (1) (xxxx) last saw the deceased alive an 6/1/ 19 68 , and that in (my) (aur) apinian death accurred an the date and haur and from the O FUNERAL DIRECTOR: After causes stated abave, (1) (we) (did) sank potkview the bady after death. 22b. SIGNATURE 22c DATE SIGNED hales S. Whatalu B. D BEGREE ATTENDING PHYS MED DIRECTOR 6/3/68 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) Charles S. Whitaker, M. D. Clarksville, Md. director, should b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BUR AL, CREMATION 23b DATE (Stote) (County) RROUIDENCE. GIENELO FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE JUN



MARYLAND STATE DEPARTMENT OF HEALTH

JUE64

dear

TO HOSPITAL OR ATTENDING PHYSICIAN: The low mapines that the death certificate be meruted within 24 hours of

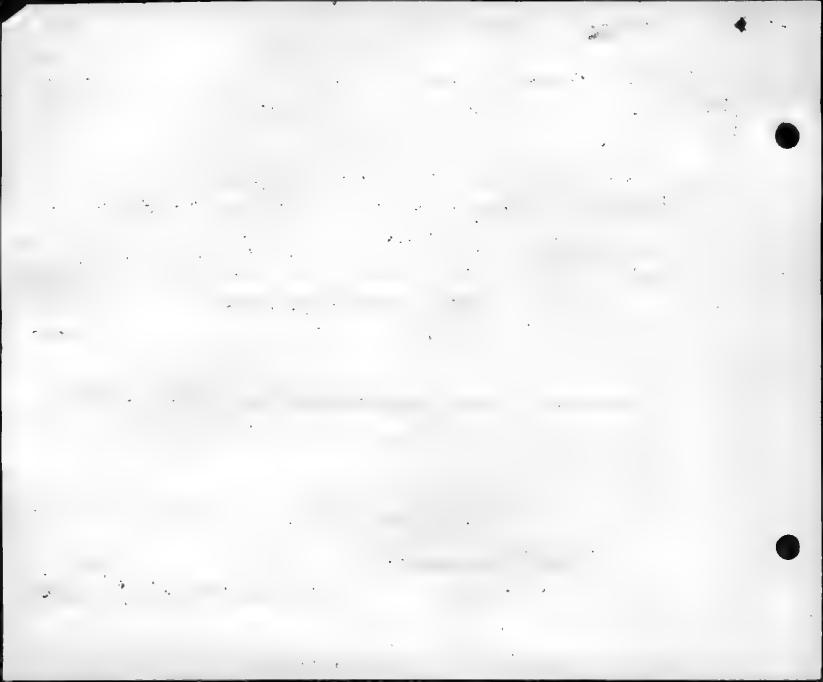
Roge 4 may be retained by the Nampital or attending physician.

TO FUNERAL DIRECTOR: After this certificote hos been signed by the ottending physician and completely filled in director, page 3 should be detoched for use as the burial-transit permit. Then pleose remove carbon poper should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in any event, within 72

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

أ ۽		CEASED-NAME	First		Middle	Las	t	20. DATE OF			26. HOUR
leat	(T	ype or print)	BEA	TRICE	Louise	Henley		24	Month	Day Ye	or lacam
5	3. SE	Х	16014	4. RACE	~ DUIT U U		OF BIRTH	00	6 AGE (In year		
χ·		====		,			1 .1-	20	last birthday)	MONTHS	DAYS HOURS MINE
3	7. 6	I-EMAL			HITE		1/24/9	9. COUNTY OF	69	YRS	
	COUP	BIRTHPLACE (State	or toreign	76. CITIZEN OF V		8. MARRIED 🔲 NEVE		y. COUNTY OF	PEAIN		
		MARY	ILAND		5. A	WIDOWED X	DIVORCED	mo	NTGON	nery	Md.
	10 C	ITY OR TOWN OF	DEATH	11	NAME OF HOSPITAL OR IN	TITUTION (If not in has	pital 12a USU	AL OCCUPATION	(Kind of work	dane 12b. KII	ND OF BUSINESS OR
10		BET	HESD	givi	e street address)	BURBAN	during m	nast at warking usewi.£c	life, even if reti	red.) INDUST	KY.
	130	USJAL RESIDENCE	(Where decease	ed lived, if institu	rtian: Residence before		13d. INSIDE GTY		REET AND NUMB	ER .	
	adm	SSION) STATE	ANA	13b. COUNTY	ranery	Ratuille	YES N	10 .	344 M	OWAR	Ave
1		ATHER S NAME	First	Middle	Last		R'S MAIDEN NAME		Mid		Last
		1 . 4	LLIA	4	MCRO		and the same				An An
	160	WAS DECEASED E			16b. SOCIAL SECURITY			ENCE			FFUTT
		es, na, or unknawi		or or dates of service)			100	VICES	MIL Addr	ess RD K	ere ir
		No			214-18-7	218 DORO	THY GEO	RGG -	DALLOGITA		DILLE
					line far (a), (b), and (c).		1 1	1-			PPROXIMATE INTERVAL WEEN ONSET AND DEATH
		PART I. DEA	TH WAS CAUSED AMMEDIA	: BY: TE CAUSE (a)	Myoca	eclips of	war	wall		10	week.
		4/10	4	—	AS A CONSEQUENCE OF						
		Canditions, if an	y, which gave)	# 1	1547					4	ULORD
		rise to ammedia		(D)	AS A CONSEQUENCE OF						7
		stating the und		DOE 10, 0K	AS A CONSEQUENCE OF						
				{C}	UTINO TO DEATH BUT N	OV DELATED TO THE CE	DOUBLE DISCLES OF	CONSTITUTE OF THE	MINI DADT 37-3		
		PART 2 UTHER	SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH BUT N	OF RELATED TO THE LE	KMINAL DISEASE UK	CUMPITION GIVE	N IN PART ((0)	Ac l	2:0
	No	LANCH	WHILE	A. 1.60	10×180	secred)	with 1	nuces	10000	we	wa
	CAT	19a. DATE OF OPE	RATION 196.	CONDITION FOR W	HICH OPERATION WAS PE		AUTOPSY?	CALISES	YES, WERE FIND OF DEATH?	INGS CONSIDERED	IN CERTIFYING
?	RTIFI					У	ES 🔲 NO 📭	0.1000			
-	30 1	21a ACCIDENT V				21c. HOW INJUI	RY OCCURRED (Ente	er nature af inju	ry in Part 1 or P	art 2, Item 18.)	
	Sign	(If either, notify	medical examin			,					
	ME	21d INJURY OF	TURRED 21e		(AT HOME, FARM, STREET, FAM OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION	Street or R.F.D. No	a. City	or Tawn	County	State
		White Nat v	vhile 🗀		TOTHICE BUILDING, ETC.	1	//		/	/	
		22a L certify	that (I) (AL		tended the deceas	od from 9/9	19	Z, to	6/8/	104	that (I) (we) last
		saw the	- deceased al	ive an	6/1/	942. and that i	n (my) (eur) op	inian death	occurred on t	he date and h	nour and from the
		causes !	tated obove	, (I) (we) (did) (did not) view the	body after death.	() / (/				1001 4110 110111 1110
		226. SIGNATURE	11	100	211 -1	46		1		22c DATE SIGN	59
		-	Total	P(.//	Inche IA			MED. DIRECTOR	STAFF DHYS.	6/8/	68
,		22d. PHYSICIAN'S			van en / r		e. ADDRESS .	711	11111	, ///	1.11
1		NAME (Type	Robe.	rt C. M	acon	5	309 Via	m/Hi	11/4/	Noch	rodle
	230	BURIAL, CREMATI	ON. 23b. 1)ATF	23c NAME OF	CEMETERY OR CREMAT	ORY	23d LOCATIO	ON (City or Town	(County	(State)
-		DEMOVAL (Specif	1			_			` '	, haryl	,
3	28	FUNERAL DIRECTO	IR U	/ 11/00	- 4D9PE	7 -1 133	Thi 25g REC'D	BY REGISTRAR		TRAR'S SIGNATUR	
74	T.	vson h	eeler B	uneral	Home Ro	KOCKAJIJe	FK JULY	N 1 3 1	968	liarles	Judges
58	1		_		110	ckville.	" I DAIF OU	HAAL	7		0 0 :



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

Emilye FilmGhol 6/18/68km CEDTIFICATE OF DEATH CERTIFICATE OF DEATH DECEASED-NAME First Middle 2o. DATE OF DEATH 2b. HOUR 24 havrs after death (Type or print) filled in by the funeral papers. Pages 1 and after dec 4. RACE 6 AGE (In years FUNDER 1 YEAR IF LINDER 24 HRS lost burthdoy) MONTHS DAYS HOURS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED WIDOWED X DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR within give street address) during most of working life, even if retired) etely 1 130 USUA, RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN IN INSIDE CITY LIMITS? 180 STREET AND NUMBER physician and cardie hen please remave ca odmission) STATE requires that the death certificate be mxecut 14. FATHER'S NAME Middle Lost er hera and INFORMANT FUR 16b. SOCIÁL SECURITY NO MACHESS Hamiltonkothere 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no or unknown) (If yes give war or dates of service) 701-07-0999 600 Carrol signed by the attending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one couse per ling-for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) 9 crematian, Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF attending physician. stoting the underlying couse burial PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1661 as the O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? 1 ROSTATIC use be retained by the haspital or 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 6 P.M. (If either, notify medical examiner) detached Dept. (21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Fane 4, 1968, to June 6, 1968, that (I) (we) last saw the deceased give an Fane 6 1968, and that in (my) (aur) opinion death occurred an the date and hour and from the pe plubys causes stated obave, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED DIRECTOR STAFF PHYS. DEGREE page 3 PHYS. 22e. ADDRESS Page 4 may 22d. PHYSICIAN S directar, po should be f NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (County) (Stote) BURIAL, CREMATION, REMOYAL (Specify) Rock Creek Cemeteru Washington. 6-10-58 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68 DATEJUN withharey. Doring.

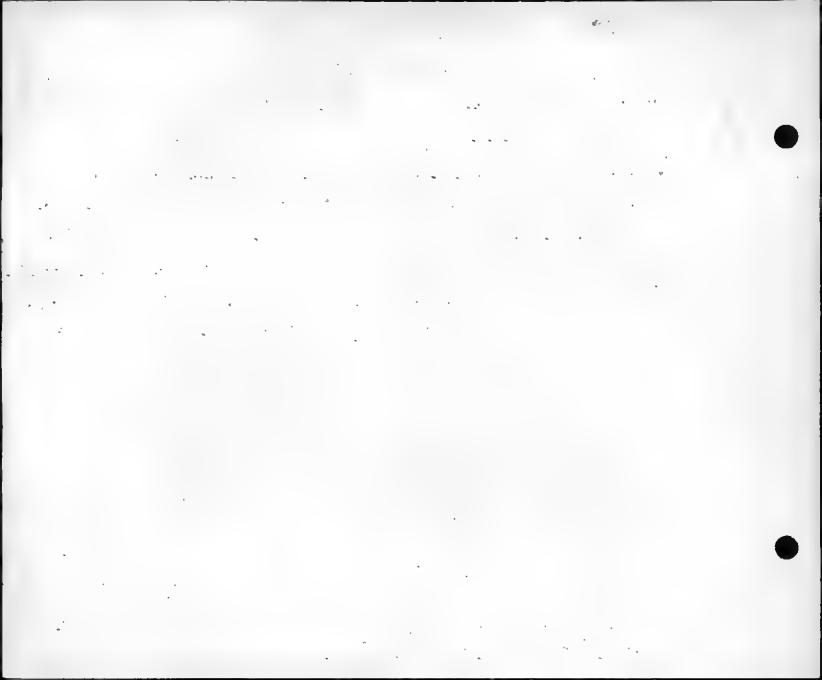


-1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	The High
Т.	DECEASED-NAME First Middle Last 20 DATE KNOWN Month De	TY Year 2b HOJR
	Joseph Leonard HERRMANN DEATH MATED _ June 2	30 1968 6 5 1
	Male Cauc Jan. 13, 1947 S DATE OF BIRTH 6 AGE (a years of burden 1 year of burden 24 Hrs. 2c DATE PRONOUNCED DEAD Months DAYS HOURS M.H. Month JUN Day 30	Year 1968 400 PA
7	O BIRTHPLACE (State or foreign 7b CT ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	nuntry) Maryland USA WIDDWED DIVORCED Montgomery	M
7	be the sda Navar hospitar	B KIND OF BUSINESS OR DUSTRY
	30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (ITY OR TOWN 130 INSDECTIVE LIMITS? 13e STREET AND NUMBER odmission) STATE Maryland 13b (OUNTY - Faltimore YES NO 5921 Arizona Av	e.
1	4. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
		Corbin
	(Yes An Deceased Ever in U.S. ARMED FORCES? (Yes An Deceased Ever in U.S. ARMED FORCES? (Yes An Deceased Ever in U.S. ARMED FORCES? (If yes give wer or dates of service) (If yes give wer or dates of service) UNK Marine Corps records	
	1B. CAUSE OF DEATH (Enter any one cause per line for (a), (b) and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) MUTTIPLE Smjuries Savere	12hr.
	Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) The Training from Auto Accident	
	nse to immediate cause (a),	
	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 211c HOW INJURY OCCURRED (Fater nature of injury in Port 1 or Part 2 James)	20 AUTOPSY?
	WAS PERFORMED!	YES NO 🗌
	21a EXTERNAL CAUSE WAS PR MARY OR CONTRIBUTING DEPARTMENT OF CONTRIBUTING DEPARTMENT OF CAUSE OF DEATH 21b TIME OF INJURY Month, Day, Year POWER A.M. JUNE 301968 Passures - Mary Power Control Passures - Mary Power	
TO LOS	TOTAL MUDIC OCCUPANTS	County Stote
	AT WORK AT WORK Street Kerling Rot. Kerilworth AVe & Bennin Rot.	D.C
	220 I certify that I took charge of the remains described above, held on Autopsyst, inspection , Inquiry x,	ond in my opinion
П	death resulted from Natural couses 🗌 , Accident 🕱 , Suicide 🔲 , Homicide 🔲 , Undetermined manner 🗌	
L	ACTUAL OD 2. 12.00 CHIEF MEDICAL EXAMINER	
ı	SIGNATURE MD. ASSISTANT MEDICAL EXAM NER 226. DATE SIG	
	NAME (Type) JOHN G. Ball, M. D. ADDRESS(Street, city, lawn, or county)	y 1968
		unty) (State)
-	Burial 7/3/68 Baltimore National Cemetery Baltimore 4 FUNERAL DIRECTORY. W. Chambers Co. ADDRESS 250 RECD BY REGISTRAR 255 REGISTRAR 5 SIGN	Md.
	1400 Chapin Street, N.W. Washington, D. C. DATEJUL - 5 1968 Clearle	
	TAOO OHAPTH COLCCO, M.H. HASHINGCOH, D. O. DANGOL O	C A CONTRACTOR



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle [nst 2a. DATE OF DEATH ond 2 death. law requires that the deoth certificate be executed within 24 hours ofter death (Type or print) Hill Louise Achsah 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 3 YEAR Gast birthday) Temale Canco Dec. 12, 1903 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State ar foreign 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Mary Land ILS.A. Montgomery WIDOWED KCI DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR gyve street oddress) Vash. Sanitarium & Hosp. during most of working life, even if retired.)

Ret. Nurse and MPUSTRY signed by the attending physician and completely burial-transit permit. Then please remove carbon Takoma Park 13a USJAL RESIDENCE (Where deceased lived, if institution, Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission STATE 1314 COUNTY Kensington 3408 Farraaut Ave. Ken 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME First Middle Last Zacheriah J. Duvall Marian Wand 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, np, or unknown) (If yes give war at dates of service) Mrs. Tholma Smith 7402 Parragut Ave 212-20-1791 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) BETWEEN ONSET AND DEATH MYOCARDIAL DUE TO, OR AS A CONSEQUENCE OF RTERIOSCLE ROTIL HEART Conditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO K TO FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET FACTORY \ 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22b. SIGNATURE 22c DATE SIGNED MD DEGREE **ATTENDING** MED. DIRECTOR director, page should be filed 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) MD 10400 CONNECTICUT AVE. 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION, 23b. DATE 23d LOCATION (City or Town) (Stote) REMOVAL (Specify) Wesley Grove Cemetery Woodfield 25g. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Pumphrey. Inc. Silver Spring. Md. Melianter 30M REV DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH funeral and 2 er death. I. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 haurs after death Month (Type or print) Yeor 10:10M 4. RACE 6 AGE (In years IF UNOER J YEAR IF UNDER 24 HRS. 3 SEX DATE OF BIRTH last birthday) MONTHS 12-11-02 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) U.S.H DIVORCED [WIDOWED LONTGOITERY filled 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital IO. CITY OR TOWN OF DEATH during most of working life, even if retired) give street address) INDUSTRY IAKOMA E.GRALLR Moto. attending physician and campleted sermit. Then please remave carb 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before, 13c, CITY OR TOWN admission) STATE 13b. COUNTRY 14. FATHER'S NAME Middle Last IS MOTHER'S MAIDEN NAME_Eirst 6des 17. INFORMANT 160 WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO. Address [If yes give war or dates of service] Yes, no, or unknown) PAME an # or remaya APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. permit. RUNCHO IMMEDIATE CAUSE (o' CONTRIBUTING burial, crematian, Conditions, if ony, which gave) **burial-transit** rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY Ē OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) (AT HOME FARM, STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that * (this hospital) attended the deceased fram_ 120, 1968, to shauld be 6/4 19 65, and that in (ear) (aur) apinian death accurred an the date and have and from the saw the deceased alive anbe retained director, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR PHYS PHYSICIAN'S 22e. ADDRESS 22d. NAME (Type) 23b. DATE 6/7/68 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 23a. BURIAL, CREMATION, RIMONAIT(Spacily) (County) George Washington Hvattsville P.G. Md. 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** Francis Gasch's Sons Hvattsville, Md



VR A15 (4) 30M REV 1/68

23d BURIAL CREMATION, REMOVAL (Specify)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) State County 22c. DATE SIGNED 733 MASKA NEWVE 1ASMAGAIN OC 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATE, U

2b HOUR

IF UNDER 24 HRS.

F JNDER YEAR

INDUSTRY

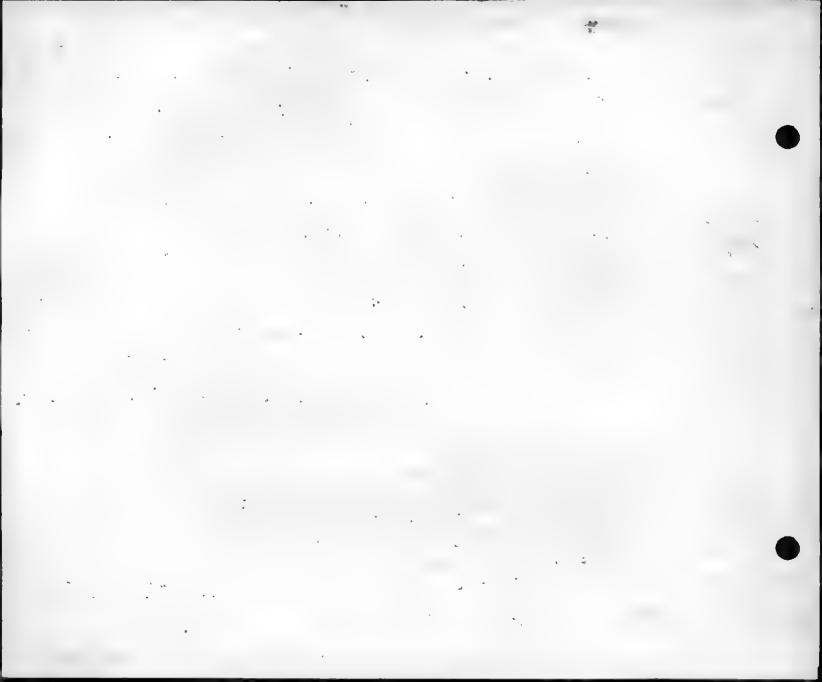
Middle

12b KIND OF BUSINESS OR

Lost >

APPROXIMATE INTERVAL

BETWEEN DISSET AND DEATH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 1. DECEASED-NAME 2b HOUR (Type or print) 3. SEX IF LINDER 1 YEAR signed by the ottending physician/and combletely filled in by the fuburial-transit permit. Then please remove carban papers. Pages 1 burial, cremation, or removal, and in any event, within 72 hours after 6 AGE (In years requires that the death certificate be executed within 24 hours after last birthday) MONTHS 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or fore an 8 MARRIED NEVER MARRIED U.S.A. DIVORCED 🔽 WIDOWED [7] MONTGOMER 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. MAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR dring most of working life, even if fired) INDUSTIC give street oddress) WASHINGTON . /AKOM A MARK 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 136 STREET AND NUMBER 13d. INSIDE CITY JIMITS? 13b. COUNTY odmission) STATE NO T 14 FATHER S NAME IS. MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. **INFORMANI** Yes, no. or unknown I (It was give wor or dates at service) 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) __ 24 hour corosan DUE TO, OR AS A CONSEQUENCE OF 1 arterio sclero " Conditions, if one, which gove) rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF physician. stoting the underlying couse arterios clerons enerals ell PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) metestosis. senerolzieg uleus o os the - Carcinoms 0+ has been 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? for use Health p YES -O FUNERAL DIRECTOR: After this certificate the hospitol or 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year P.M. (If either, notify medical examiner) detached 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceosed from ________, 19 66, to _______, 19 67, that (I) (we) last saw the deceosed alive on 6 ________, 19 68, and that in (my) (our) opinion death accurred an the date and haur and from the should be 4 may be retained couses stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c DATE SIGNED 720051 I ATTENDING PHYS. MED. DIRECTOR director, poge should be filed 22e. ADDRESS 22d. PHYSICIAN S KA TROOST 10236 NAME (Type) 23/ NAME OF CEMETERY OR CREMAPORY 23d OCATION (City of Town) 230 JUR AL, CREMATION, REMOVAL (Specify) 24 FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/68



			1		
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death.	by the hospitol or aftending physician.	CAL DIRECTOR: After this certificate has been signed by the attending labysican/and completely filled in Trains, funeral	be detached for use as the buriof-transit permit. They please remove carbon papers. Tages I and 2	h the State Dept. of Heolth prior to buriol, cremation, ar removal, and in ony event, within 72 thears after death.	
JING P	by the	(fter thi	be det	State D	
ATTENE	y be retained by t	TOR: A	should be d	ith the	
OR	pe re	DIREC	ge 3 :	ed w	
PITAL	may	ERAL	ector, poge 3	be fi	
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VR ATS

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	40 0 0 8 3		EKINICALE	DEATH			
	CEASED NAME First	Middle	Last	20	. DATE OF DEATH	V	2b. HOUR
Į,	ype or print) John	V Phillip	HOR	IVE	Month	7 1968	2.E
3 SE		4. RACE	S DATE OF	BIRTH	AGE (In years		IF UNOER 24 HRS. HOURS MIR.
10	79/8	white	1/2	4/89	lost birthdoy)		HOURS MIN.
70. E	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER A	MARRIED 9. CC	DUNTY OF DEATH		
	PARYLAND	U.5A		VORCED 🔲 📗	nontromE	RY	M
10. 9	ILY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospite		CUPATION (Kind of work don working life, even if retired		USINESS OR
R	ethes da	Suburban	Hospital	during most of		I INDUSTRY	
	USUAL RESIDENCE (Where decens	sed lived, if institution: Residence before	13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
,	an land	montermery	DICKERSON	YES NO	K#2		
14. F	FATHER'S NAME First	Middle Jost		MAIDEN NAME First	Middle		Lost
	EDWIN			INERVA	DUDA	2000	
	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY N	IO. 17. INFORMANT	, ,	Address	-	
	es, no, or unknown) (If yes give a	217.56-6	013 Dag	1AS E 4	GRINE - BOG	1DS -1MD	- Say
		my one couse per line for (o), (b), and (c))	V	- 1	,	APPROXIMA BETWEEN ON:	ATÉ INTERVAL SET AND OEATH
	PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (0) Cerciti	Muyo Ca	achol a	Suretin -		
	4109	DUE TO, OR AS A CONSEQUENCE OF	110	/ /	1		
	Conditions, if any, which gove rise to immediate couse (a),		Releval	u hend	Husearl	- // ~	16 as
	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF		, , , , , , , ,		0	
	lost 4 + 101	(c)					
	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN PART 1(0)		
NC	11221	e lynn Cell la	ulcom	~ I folgo	Ulm -		
MEDICAL CERTIFICATION	196 DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS PER		utopšy?	20b. IF YES, WERE FINDING CAUSES OF DEATH?	S CONSIDERED IN CER	TIFYING
RTIF			YES				
N CE	216 ACCIDENT WAS UNDERLY!	210 11110 01 110011	21c HOW INJURY	OCCURRED (Enter note	ure of injury in Port 1 or Port	2, Item 18.)	
BIC	(If either, notify medical exami	iner) P.M. 19					
Æ	21d MURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME FARM STREET FACT	TORY) 21f. LOCATION S	treet or R.F.D. No	City or Town	County	Stote
	at work of work						
	22a. I certify that (I) (th	nis hospital) attended the decease	d from Jewy	19 <u>67</u>	, to Byend,	19 <u>6</u> <u>×</u> , that ((I) (we) las
	causes stated above	e, (I) (we) (did) (did not) view the	oady ofter death.	(my/ (our/ opinior	i dealii accorred all me	date una noor o	iiu iroiii iii
	22b. SIGNATURE	0/. / .		IDINO MED		2c DATE SIGNED	
	tricha	AT May look, G	DEGREE PHYS	IDING MED.	OR STAFF PHYS.	7 Ferns	68
	22d PHYSICIAN S		22e.	ADDRESS			
	NAME (Type)					,	
230		DATE 23c NAME OF C	CEMETERY OR CREMATOR	Y 23	LOCATION (City or Town)	(County)	(Stote)
	REMOVAL (Specify)	6/10/68 Mon	recally	1.	Jeallaville	monte.	ma
24.	FUNERAL DIRECTOR	ADDRESS	to 11	2So. RECD BY RE	GISTRAP 1958 REGISTRA	KZ SICHALAR YAN	-8-
+1	W.C. Niles	Barneville,	non!	DATE JUN	10 1000	U	-



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. 772

CERTIFICATE OF DEATH

LKSTT

1		CENTIFICATE OF DEATH	
	1. 1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before gr	denission)
1	(o. COUNTY. May TEOMERY COUNTY MARYLAND O. STATE WASH - D.C b. COUNTY.	
	ŀ	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN 16. (CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	rwn)
		WHEATON 10 DAIS. 6200 Cre gon Aue n.w CUA	54.A
			RES DENCE
^	=	UNVERSITY NURSING HOME- 6200 Oregon Hue, N.W. YES	the sales of the s
1		3 NAME OF DECEASED De	Year
		(Type or print) FEARL JOSEPHINE HUMPHRIES DEATH 6 /3 S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years FUNDER YEAR IF	1966 UNDER 24 HRS.
	7	lost birthdoy) Months Doys H	lours Min
		IDO USUAL OCCUPATION (Give kind of work done IDD KIND OF BUSINESS OR II BIRTHPLACE (County & State, or foreign country) 12 CT ZEN OF WI	TAT
	duri	during most of Working Me, even if rehred) NOUSTRY Birming Most of Months Mife OUNTRY? A	
	13	13 FATHER'S NAME	
	1/1	WILLIAM HOMAS DETLIFFE HLICE EUDORE MAC BURNETT	
	15. (Ye :	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or dinknown) (If yes give war or dotes of service) NONE 16 SOCIAL SECURITY NO 17 INFORMANT Address	
	-1		AL DETWEEN
		PART I, DEATH WAS CAUSED BY.	AL BETWEEN AND DEATH
		HMMEDIATE CAUSE (0) Thing of the terror may arregion	2-0
		Conditions, if only, which gove) (1) Certain & Chera The heart Clerax	-jro
1		nse to immediate cause (o), Stoting the underlying cause DUE TO	<u>v</u> .
		lost. (c)	
	2	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)	S AUTOPSY
	FICATION	15 4301 aluta	RFORMED?
	Z E	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURRED (Enfer nature of injury in Port I or Port II of item 18.)	
	IL CERT	(IF E THER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	20c T.ME OF NJURY Month, Doy, Yeor 20d. NJURY OCCURRED 2De PLACE OF INJURY (Home, form, Hour o.m. 20f (Cry or town) (County)	(Stote)
	×	pm. Of work Life of work Life ()	
		21 I certify that (1) (this haspital) attended the deceased from 27, 1961, to firm 2, 1951, that saw the deceased alive an According 13 1962, and that death accoursed a 2000 M from causes and an the date s	(I) (we) lost
		saw the deceased alive an figure 13 19 to 2, and that death accurred a Militam causes and an the date s	tated above.
		M.D PHYS DIRECTOR DIR	8
		22c PHYSICIANS / 22d ADDRESS	
		NAME (Type)	
	23o.	230 BURNAY, CREMATON, 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCAT ON (City or Jown) (County)	(Stote)
ļ		DURIAL VS JUNE 1768 WX FOR S CEPTETERY WXTORS PIZARAMA	
	24	24 FUNERAL DIRECTOR. 17401 GE CARDRESS ARUE. N. W. 250. REC'D BY REGISTRAR 256 REG STRARS SIGNATURE	
	1.	PINALDI PUNECAL HEDRE INC. WASHINGTON OF 20012 DATE JUN 17 1968 yourlas	MARKET L.

FIR MISSITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept of Health prior to burial, cremotion, or removal, and in any event, within 72 hours of Page 4 moy be retained by the hospital or ottending physician. VR A15 (4) 25M 1/67



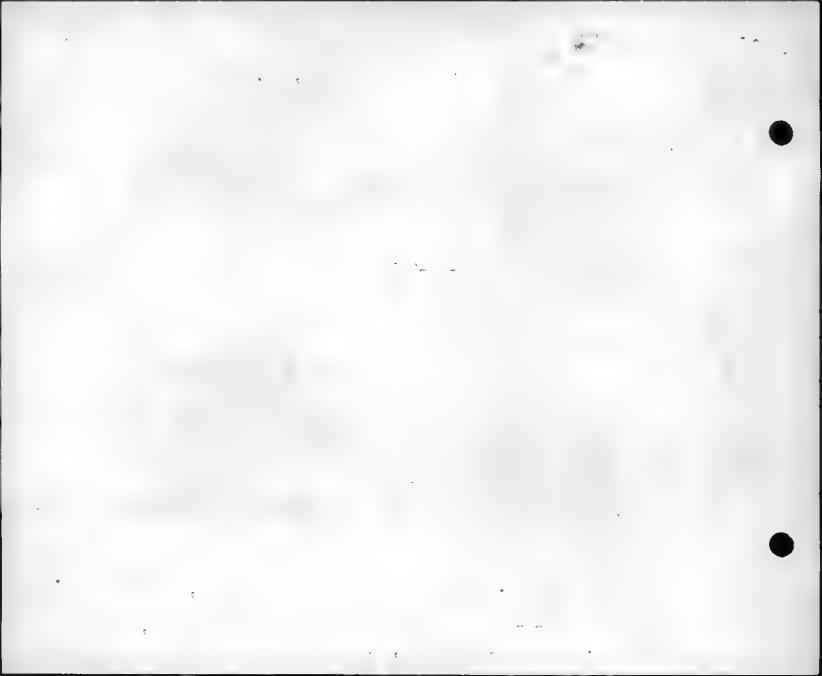
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DATE

VR A15 (4) 30M REV. 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME First 2a. DATE OF DEATH (Type or print) JAKOB 4. RACE 6. AGE (In years WHITE MALE 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED Vugoslovia WIDOWED [DIVORCED [7] SAME MONTGOMERY O CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street address) SUBURBAN during mast af work ng life, even if retired.) BETHESDA 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before \$13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER any even requires that the death certificate be executed 13b. COUNTY the attending physician and carr sit permit. Then please remave DISTRICT 14. FATHER S NAME 166. SOCIAL SECURITY NO. 16g. WAS DECEASED EVER-IN U.S. ARMED FORCES? Yes, no, ar unknawn) (If yes give war or dates of service) ELIZABETH 78-48-7815 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) Conditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Chronic glomerulonephritis O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached for use as the burial-transit rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Tawn County State While Not while of work 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR DEGREE 22e. ADDRESS 7936 Old Georgetown Rd. 22d. PHYSICIAN S NAME (Type) JOHN G. BALL Bethesda, Maryland director, 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b. DATE (County) 6-7-68 Parklawn Cemetery Rockville. Maryland 250. REC D BY REGISTRAR PUMPHREY, Bethesda, Maryland



	7t	24-68 At DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEACTH DEPT.		PECEASED NAME Type or Print) Phelma A RACE S. DATE OF BIRTH O AGE (in years lost by findge) by Worth S CAYS O DATE KNOWN Month Doy Year 2b HOUR OF EST DEATH MATED DEATH MATED O DATE KNOWN Month Doy Year 2b HOUR OF EST DEATH MATED OF EST
haurs after death ny ltem 18 Give Pager, 2, 0ffice along with order 1 and 2 with the State Begat after death	10 (13o	BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED 79. COUNTY OF DEATH
E S S S		FATHER'S NAME First Middle Lost 45. MOTHER MAIDEN NAME First Middle Griffith
within 24 in pencil in Examiner's File pages 7.72 haurs		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (Hyes give wor or dotes of service) 577-24-4527 Mr. Daniel E. Hyland Silver Spring, Md.
shauld be executed e ward "pending" i the Chief Medical urial-transit permit.		PART 1. DEATH (Enter only one couse per ne for (o), (b), ond (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) I diopathic Rupture of Intracerebral Artery DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nse to immediate cause (o), stoting the underlying cause Out TO, OR AS A CONSEQUENCE OF (c) APPROX MATE MITRYAL BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF (c)
hs certificate ate, writing the forwarded to be used as a removal, and	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 334. Bronchopneumonia: Pulmonary Embolus 196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? YES NO 1
EXAMINER: The cute the certificatege 4 shauld be ryaur files. Page 3 shauld be ryaur files. Page 3 shauld bu the certificatege is the companion of the companio	MEDICAL CE	216 EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d NÜRY OCCURRED AT WORK AND WHILE AT WORK AND W
To DEPUTY SICAL E. necessary, please executive funeral director. Pag 5 may be retained far O FUNERAL DIRECTOR: Health prior to burial,		22a. I certify that I taak charge of the remains described above, held an Autopsy II. Inspection II. Inquiry II. and in my apinion death resulted from Natural causes II. Accident II., Suicide II., Hamicide II., Undetermined manner II. ACTUAL SIGNATURE III. ASSISTANT MEDICAL EXAMINER III. ASSISTANT MEDICAL EXAMINER III. ASSISTANT MEDICAL EXAMINER III. ADDRESS Fines III. Page 11.
To I I I I I I I I I I I I I I I I I I I		BURIAL (REMATION, 23b DATE 23c. NAME OF LEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Surial (Specify) Surial (Specify) Gate of Geover Cemetery Silver Spring, Maryland
VR A15ME NY 10M REV 1768	1.	FUNERAL ETRECTION Lee Wolfe 8434 Georgia Avenue 250 REC'D BY REG STRAR 250 REG STRAR S SIGNATURE DATEJUN 26 1868 Charles Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 3000 E CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH 1. DECEASED-NAME First 2b HOUR. death. requires that the death certificate be executed within 24 hours after death. funeral puo Month (Type or print) d 5 OF: 3. SEX 5. DATE OF BIRTH 6. AGE (In years #F JADER YEAR IF UNDER 24 HRS. lost birthday) MONTHS HOURS NI 6 61.0 COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED T NEVER MARRIED rountry)
Aldryland carbon papers Mon DIVORCED WIDOWED IX completely filled i 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind at work done 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 126 KIND OF BUSINESS OR during mast of working life, even if retired) give street address) ... **INDUSTRY** Silver Dring 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b COUNTY YES X NO 🗔 1400 (hyales Whed 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First physician and hen please ferm Last 150 WIE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknawn) (If yes give war or dates of service) burial, cremation, or remaval) APPROXIMATE INTERVA signed by the ottending hurial-tronsit permit. Th 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Conditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF a stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION CONDITION FOR WHICH OPERATION, WAS PERFORMED CAUSES OF DEATH? 21b. TIME OF 21c. HOW INJURY (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) 21d. INJURY OCCURRED
While Not while at work 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC. City or Tawn County Stote 22a. I certify that (I) (this hospital) attended the deceased from..... saw the deceased give on 19 and thot in (my) (our) apinion death occurred on the date and haur and from the causes stoted above, (1) (we) (did) (did not) view the body after death. director, page 3 should should be filed with the be retained 22b. SIGNAZURE ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e ADDRESS RISTIAN NO.D NAME (Type) 23a BURIAL, CREMATION, BUT 1819) Laurel, Md. 23c NAME OF CEMETERY OR CREMATORY 23b DATE (Stote) (County) Carver Memorial., 6-18-68 ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S SIGNATURE PUNERAL DIRECTOR 1968 Ochonia Gudan

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH

O FUNERAL DIRECTOR: After this certificate VR AT5 (4)

requires that the death certificate be executed within 24

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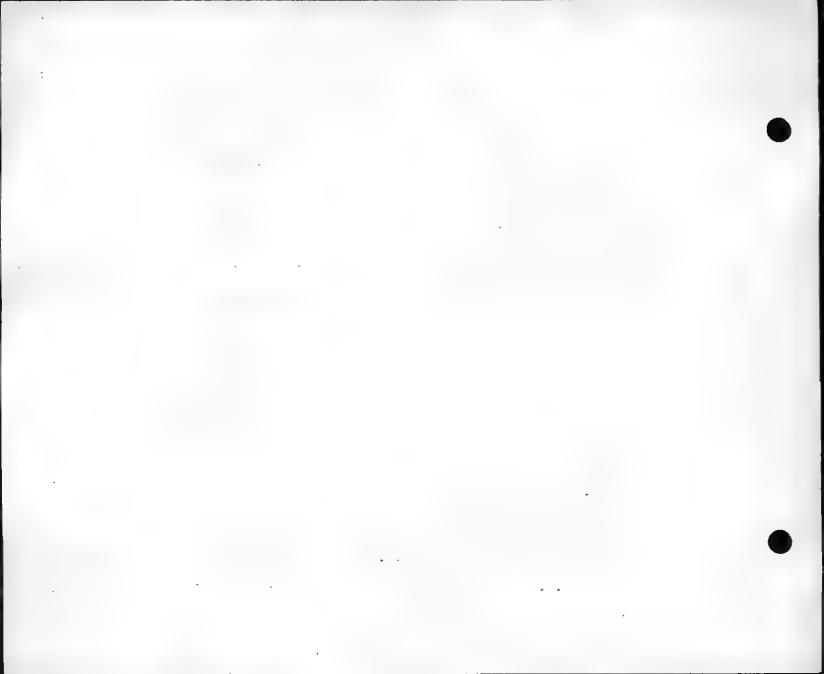
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTA ante acmirav **MARYLANO** LENGTH OF STAY IN 1b b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) d, NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS 100 YES DATE Month Year NAME OF Middle Last Day 3. OF DECEASED DEATH (Type or print) DOWICK OATE OF BIRTH SEX COLOR OR RACE 9. 7. MARRIED **NEVER MARRIEO** 8 AU. 134 DIVORCED Ô WIDOWED 10a, USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? OUSEU1 SSIA MOTHER'S MAIDEN NAME **FATHER'S NAME**

afte c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by Pages tending physician and completely filled in by nit. Then please remove carbon papers. Pag or removal, and in any event, within 72 hours or hours φ e. IS RESIDENCE ON A FARM? NO P executed within 9 19 48 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and irector, page 3 should be detached for use as the burial-transit permit. Then please remohould be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any death certificate be 20 nor 100 W/ 17. INFORMANT Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unkown) (If yes give war or dates of service) INTERVAL BETWEEN 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c),] OR ATTENDING PHYSICIAN: The law requires that the be retained by the hospital or attending physician. 9 ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 0 **DUE TO** Conditions, if any, which (b) gave rise to immediate DUE TO YS, (a), stating 4 underlying cause last. U WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. PERFORMED? ICAT! arteriasilerosi NO X CERTIF 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20d, INJURY OCCURREO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While 3 at work at work p.m. UAKE) 19.48, to ne attended the deceased from. that **(we)** last 21. I certify that (f) (this and that death occurred at 9 M, from the causes and on the date stated above. saw the deceased alive on 24 22b. DATE SIGNED -0 22a. SIGNATURE ATTENDING MED. DIRECTOR 9 0 Page 4 may b PHYS 22c. PHYSICIAN'S 22d. ADDRESSdirector, p should be 1 NAME (Type) should (State) BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 6-10 REGISTRAR'S SIGNATURE 25b. FUNERAL DIRECTOR **AODRESS** REC'D BY REGISTRAR

VR A15 (4) 15M 4-64

1968

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2o. DATE OF DEATH 2b. HOUR (Type or print) Robert L. Jarnagin Tune 6 AGE (in years 3. SEX 4 RACE S DATE OF BIRTH IF UNDER 3 YEAR 15 UNDER 24 HRS MONTHS 1892 Oct. 15. Male White To BIRTHPLACE (State or foreign 76 CITIZEN DE WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED TO NEVER MARRIED countyllinois DIVORCED | Montgomery WIDOWED | 120. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) give street oddress) Silver Spring Holy Cross Retired 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmassion) STATE Maryland 13b Montgomery YES 😾 1101 Notley Rd S. S. 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Lost Julie Hilton Jarnagin Benjamin 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) 217-52-7561 APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) /eutr.cu DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse! PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) attended the deceased fram June 1953, ta person, 1968, that (I) (we) last saw the deceased alive an Tune 5 1966, and that in (my) (eur) apinian death accurred an the date and haur and fram the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED. DIRECTOR ATTENDING 6-13-68 22d. AHYSICIAN'S ACIDESS NAME (Type) 1601 18th St., N. 22 - AUDRES - Physician's Name Wash. Francis J. Murray, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 230. BURIAL, CREMATION, 23b DATE (County) (Stote) Cremation Lee's Crematory Washington, D.C. 20002 24. FUNERAL DIRECTOR Lee Funeral Home, Washington 2So. REC'D BY REGISTRAR

20002

TO FUNERAL DIRECTOR: VR A15 (4) 30M REV 1/68

director, page 3 shauld be detached shauld be filed with the State Dept. of

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

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signed by the attending physician a burial-transit permit. Then please burial, crematian, ar remaval, and in

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7b. CITIZEN OF WHAT COUNTRY?

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13a. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) STATE (18 COUNTY) CONTROL OF CONT

(If yes give war or dates of service)

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16b. SOCIAL SECURITY NO.

MARYLAND STATE DEPARTMENT OF HEALTH

Last

8. MARRIED NEVER MARRIED

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17. INFORMANT

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THE CITY OF TOWN

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DIVORCED 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital leave street address) Rundalth Hills during most of working life, even if retired)

15. MOTHER'S MAIDEN NAME First

13d, INSIDE ONY LIMITS?

5. DATE OF BIRTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

2a. DATE OF DEATH

COUNTY OF DEATH

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Month

6. AGE (In years

last birthdo

13e STREET AND NUMBER

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DAYS

A2b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

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2b. HOUR

IF UNDER 24 HRS.

HOURS

Last

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DECEASED-NAME

(Type or print)

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16a, WAS DECEASED EVER IN U.S. ARMED FORCES?

7a. BIRTHPLACE (State or foreign

10. CITY OR TOWN OF DEATH

14. FATHER'S NAME

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TO FUNITIAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pushauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haur **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital or attending physician.

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	4
ICAL CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 31b. TIME OF INJURY 10b. 10b. 10b. 10b. 10b. 10b. 10b. 10b.	_
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	EURIAD CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) Memorial Park (cm) Marth Raralina	
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	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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r death. uneraí 1 and 2 r death.	MENRY P JOHNSON CUNE 30 1968 1142H
fer s for ffer	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years Funder 1 year If under 24 Hrs.
2 2 2	MALE White FEB 25-1896 72 YRS
haurs after death	70 BIRTHPLACE (Stote or foreign 7) 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
2 2 2	WASHington USA WIDOWED NORCED NORTH MO
	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if repred) 12. USUAL OCCUPATION (Kind of work done during most of working life even if repred) 13. KIND OF BUSINESS OR INDUSTRY
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requires that the death certificate I signed by the attending physician buial-transit permit. Then please burial, crematian, ar remayal, and	160, WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes) ng, grunkngwn) (II yes give war or dates of services) Address Gren Cool Ma
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YSICIAN: Ospital ar certificate the far us	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCJRRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
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ND Sed by	22a. I certify that (I) (this_hospital) attended the deceased from NOV, 3, 1967, to UVIVI. 301968, that (I) (we) last saw the deceased alive an VVV 30 1968, and that in (my) (eve) apinion death accurred an the date and haur and from the
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OR ATTENDING be retained by t DIRECTOR: After ge 3 shawld be led with the State	ATTENDING ATTEND
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UNI UNI aulo	23a. BURIAL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
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VR A15 (4)	24. FUNERAL-DIRECTOR 250 REGISTRAR S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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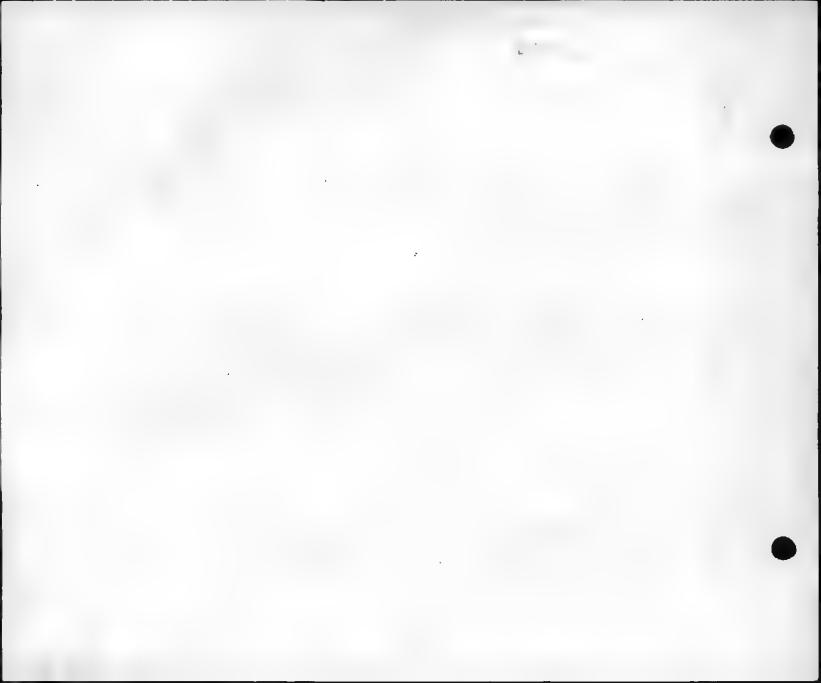
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a completely filled in director, page 3 should be detached far use as the burial-transit permit. Then please (embove carbon papers) should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and thougherent, within 72

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		CERTIFICATE CERTIFICATE	OF DEATH	· *3 *7
		LACE OF DEATH 1. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution Residence o. STATE b. COUNTY	befare admission)
	1	CITY OR TOWN (If outself corporate limits c. LENGTH OF STAY IN 16 write RURAL gold give hearest town)	c CITY DR TRIWN (If outside carparate limits, write RURAL and give	nearest town
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	S. 3		8 DATE OF BIRTH 9. AGE (10 years IF UNDER 1 9. AGE (10 years Whom the second of the se	
		USUAL OCCUPATION (Give kind at work dane ing most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 10c. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12 CITI	ZEN OF WHAT NTRY?
	13.	FATHER'S NAME. Michael J. Ryler	14. MOTHER'S MAIDEN NAME! Betty Williams	
		WAS DECEASED EVER IN U.S. ARMED FORCES? s, no, or unknown) (If yes give war or dates af service) 220 - 44-3727	hn a. Janes. Jr. Paoleso	ille Md
		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) LOBAL	NEUMONIA	ONSET AND DEATH
		Conditions, if any, which gave (b) Pul Mora Rt	f EMBOLISM	3 weeks
		stoting the underlying couse DUE 10 (c)	\	The Mark & Toney
(CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO. 40 Y Carolina	soular discard	19 WAS AUTOPSY PERFORMED? YES NO
		OR CONTRIBUTING CO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter noture of injury in Part I ar Part II af item 18.)	
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			ot death occurred at 150 M, from causes and on th	
		22a. SIGNATURE 22c. PHYSICIAN'S 21c. PHYSICIAN'S 21c. PHYSICIAN'S	ATTENDING MED. STAFF 22b. DA	JE SIGNED 9/63
1	92-	NAME (Type) BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		Cauphy (State)
	230	REMOVAL (Specify) 6/11/68 Monoca		County) (Stote)
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O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.

DIVISION OF VITAL RECORDS 301 W DESTON STREET DALTER ORE, MARYLAND 21201

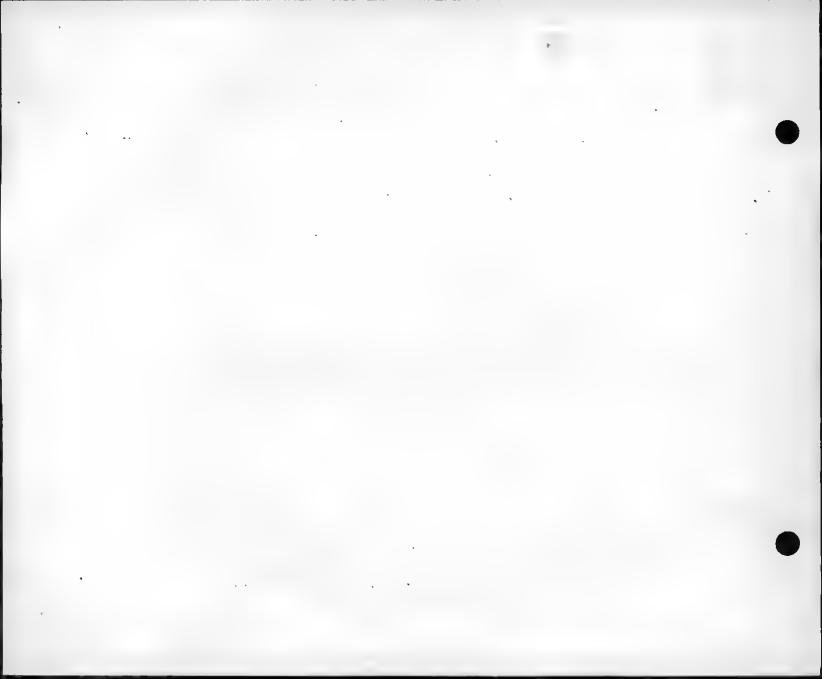
rision or	YIIAL KECOKD.	CERTIFICATE OF DEATH	H
	44 14	1.1	7

	EASED-NAME	First		M ddle		Lost	2a. DATE OF DEATH		2b. HOUR
(1y)	pe or print)	ROBERT	FRA	NKLIN	JONES		Month 6 - 4	22 ^{Day} - 68 ^{Year}	9:38
3 SEX	MALE		4. RACE WH 1	TF		S. DATE OF BIRTH 06/25/07	6. AGE (In years last birthday)	C I IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
7. BU					I o			YRS	
caunti	RTHPLACE (Stote of the		76. CITIZEN OF WH U.S.		o. MARRIEI WIDOWEI	NEVER MARKIED	9 COUNTY OF DEATH MONTGOMERY		Md
10. CIT	OLNEY			ME OF HOSPITAL OR treet address) NTGOMERY			L OCCUPATION (Kind of work of ost of working life, even if retir LAWYER		BUSINESS OR
130. U admiss	ISUAL RESIDENCE STATE MA	(Where deceose RYLAND	d lived, if institute 13b. COUNT M.C	on: Residence befo	re 13c. CITY C		MITS? 130 STREET AND NUMBER 1601 NORBI		
14 FA	THER'S NAME	First ENKINS	Middle C .	Lost JON		IS. MOTHER'S MAIDEN NAME FI	irst Midd DSEPHINE	lle Devi	lost NE
160 V	WAS DECEASED EV s, no, or unknown	TER IN U.S. ARME	ED FORCES? r or dates of service)	16b. SOCIAL SECURI unknown	TY NO. 17	MEDICAL RECO	a Marie JoneMore ORDS Silver S		beck Rd.
1			one couse per lin	e for (a), (b), and	(c).)		4.1 4- 4-	BETWEEN O	MATE INTERVAL DNSET AND DEATH
	PAKI I. DEA	TH WAS CAUSED IMMEDIAT	E CAUSE (a)	arcino	ma of	pancreus	with metastas	us 3	mos.
ı,	foodbloom of our	7	DUE TO, OR A	S A CONSEQUENCE	OF U	/			
	Conditions, if any rise to immedia		(b)		_				
	stoting the unde	erlying cause	DUE TO, OR A	S A CONSEQUENCE	OF				
		ICMINICANT CONF	OITIONS CONTRIBUT	ING TO DEATH BUT	I NOT PELATED	TO THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 3/a		
- 1	157x	OHII ICANT CON	ZITIONS CONTRIBUT	-NO TO DEATH DO	NOI KEDILE	TO THE TERMINAL DISCASE OF CO	ONDITION OFFER IN TAKE (U)		
NOIN	90. DATE OF OPER	ATION 19b. C	ONDITION FOR WHE	CH OPERATION WAS	PERFORMED	, 20a. AUTOPSY?	2Db IF YES, WERE FINDI	NGS CONSIDERED IN C	ERTIFYING
CERTIFICATION	6-17-6	8 Re	lies of obsi	ruction of	um 18a	about NO X	CAUSES OF DEATH?		
	210 ACCIDENT W				21c	HOW INJURY OCCURRED (Enter	nature of injury in Port 1 or Po	ort 2, Item 18.)	
MEDICAL	or controuting	CAUSE OF DEATH medical examine	HOUR A.M. P.M.	Month Day Ye	10				
- 1	21d. INJURY OCC While Nat w at work at we	URRED 21e F	LACE OF INJURY /	AT HOME, FARM STREET, OFFICE BUILDING, ETC.		LOCATION Street at R.F.D. No.	City or Tawn	County	Stote
			hospital) gtte	nded the dece	osed from_	mary , 196	8, to June 2	219 68, that	(I) (we) las
L	saw the	deceased ali	ve on (did) (ene 21.	_19 <i>68</i> .a	nd that in/(mv) (aur) apii	nion deoth occurred an th	e dote and hour	and from the
	22b. SIGNATURE	rede	ich,	noon	eau m	GREE PHYS DI	IED. STAFF IRECTOR PHYS.	6-22	-68
	22d. PHYSICIAN'S NAME (Type)	Great	lerick Mo	oman		22e. ADDRESS	dy Spri	was r	1%.
23a. Bi	BURIA., CREMATIC REMOVAL (Specify	ON, 23b. D.	ATE 26-68		of CEMETERY O	r crematory ark Cemetery	236. LOCATION (City or Town) Lima, Ohio		(State)
24. F	UNERALDIRECTO	, result	0	8434 GER	Essaia A	venue 250 RECTO BY	y pegistrar 1968 25b. Regist	PAR'S SIGNATURE	dan
Var	rner E.	Pumphre	eu. Inc.	Silver &		Md. DATE DATE	2 1000	The same	0

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Control director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages Lyand 2 shauld be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 hours after death. VR A15 (4) 30M REV. 17



1 6	It	ems 18,22a film 401 MARYLAND STATE DEPARTMENT OF HEALTH	1.0
EOD STATE		6-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	89
FOR STATE	1. D		Doy Year 25 HOUR
N C o Mad		TOPPY DEATH MATED 6-	12 68 835
3 m & m &	3. 5	EX CRACE S DATE OF BIRTH 6 AGE 10, years F UNDER 1 GM 15 JUNDER 24 HIS 2c, DATE PRONOUNCED DEAD	2d HDJR
de		7.9 NEORO 6/29/14 53785 DAYS HOURS MIN MORTHS - 1004	Year 68 835
- Z		BIRTHPLACE (State or for got 7b. CITYEN OF VOIAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	P
re De te De	COJE	MARYLAND U.S.A WIDOWED DIVORCED MOREGOM	cery Md
Page ith Sta	10 0		2b. KURD OF BUSINESS OR NOUSERY
Give Pages and with far the State	1	The state of the s	
af old		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CTY OR TOWN) 13d MISIDE CTY LIMITS? 13e STREET AND NUMBER OMISSION) STATE 13b CANADA TOOM: ROCKY ILLEYES NO 125 MORE	
5 8/2 6 4	14 F	ATHER-S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
		Calvin Triade RHODIE JOPPV (HUSBAN	(0)
- 3 - D -		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (If yes give wor or dates of service) 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS	*/
within pencil Examine Examine F.le pag	L	as, no, or orining. It is give not who as a same)	
_ ~ ~ ~	1	The CAUSE OF DEATH (Enter only one cause per the far (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
be executed "pending" pending" lef Medica nsit permit with		IMMEDIATE CAUSE (a) Acute Lobar Preum nia,	
e e)		Candilians, if any, which gave) (b) Right upper Lobe	
ruld be exvard "pend ne Chief Mit af-fransit prany event		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
certificate shauld be executed writing the ward "pending" inwarded to the Chief Medical used as a burial-transit permit.		lost.	
the stand to be a purious of the individual		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
vertificati writing 1 rwarded sed as a laval, an	Z.	47.2)Diabetes Mellitus	
is certificate to writing the farwarded to used as a breezewal, and	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
Per and	ERTE		YES NO
들고 무 ~		PRIMARY OR CONTRIBUTING HOUR A.M.	n (B.)
e certif shauld files. 3 shault	MEDICAL	CAUSE OF DEATH P M 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No City or Fown	Caunty State
		WHILE NOT WHILE Tactory, affice building, etc.)	,
L EXA Lecute Page for you R: Pag		22a. I certify that I took chorge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my apinian
ilcal E e executar. Pag red far buriat,		death resulted fresp. Natura causes 🗵 , Actidept 📋 Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗍	
ITY please ey ry, please ey eral directar. be retained RAL DIRECTO PRIOR TO BUTTON TO		ACTUAL CHIEF MEDICAL EXAMINER CHIEF	
TY, ple ry, ple eral di be reti RAL D		SIGNATURE M.D. ASS SIANT MED CAL EXAMINER	GNED
o DEPUTY DICAL EXAM necessary, please execute the the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S NAME (Type) BELDEN KEADM, D. ADDRESS NOT LITTLY OF THE COUNTY) UNE	13,1968
10 To F	230	OFMOVA (Specify)	(Caunty) (State)
A.	24		GNAMIREAL
VR A15ME (5)	1	roberal director 2 Survey on Rockwille Md Date JUN 19 1988 REGISTER 1988	sees Junga
10M REV. 1768		De la	



1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLA	ND 21201
FOR STATE	1	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	. 0 9 9
HEALTH DEPT.	1. [CEASED NAME Frst Middle Last ype or Print) Amala Laura Kahlert	20 DATE KNOWN Month Day Year 2b HOUR OF ESTI- DEATH MATED June 23 168 8 H
	3 5	X 4. RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost butthday) MONTHS DAYS HOURS MIN. White Jan. 15, 1875 93 YRS	2c. DATE PRONOUNCED DEAD North 20, 3 Year 68 2d. HOUR
farm ferm te Depa	例也	Thington, D.C. U.S.A. WIDOWED DIVORCED MOI	nty of Death Intgomery h
Pog- with with] J	koma Park Oaktorhadesh Nursing Home duringkassof	JPATION (Kind of work done 12b KIND OF BUSINESS OR working kreyeyen it retired.) INOUSTRY Gou't.
v - ~ ~	1	the solution of the state of th	130 STREET AND NUMBER 8505 Springvale Kd. S.S. Ma
of ter and	14.	ATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Kahlert Elizar	Middle Lost beth Jennings
within 24 in pendimers Exprimers File pages 72 hours	16a (NAS DECEASED EVER IN U.S. ARMED FORCES? es, no, of unknown) (If yes give wor ar dates of service) 16b social security NO 17. INFORMANT	ADDRESS Churchton
ing" in dicol Es		18 CAUSE OF DEATH (Enter only one couse per ine for (o), (b), (b) (c) (c) PART I. DEATH WAS CAUSED BY. **MMEDIATE CAUSE (a) (C) (C) **TO OPERA CONSOURING OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
should be exite word "pend a the Chief Me buriol-transit pu		Conditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	Italiouse
m ± =		PART 2 OTHER SIGNIFICANT CONDINONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION	GIVEN IN PART I(a)
te, writing the writing to forwarded e used os a removal, on	FICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	elleroria 20 AUTOPSY?
The eath	CERT	210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature	e of njury in Part 1 or Part 2, Item 18)
(AMINER: Te the certifice of 4 should be our files. Oge 3 should cremotion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 2.e. PLACE OF INJURY (At home, form, street, fortony, office building, etc.) fortony, office building, etc.)	City or Town County State
Pog Prog or y or, o		AT WORK AT WORK	pection X, Inquiry X, and in my apiniar
leose exec director. Po stoined for DIRECTOR:		death resulted from: Natural causes , Actident , Suicide , Hamicide ,	Undetermined manner
ory, preserval		ACTUAL SIGNATURE AND ASSISTANT MEDICAL EXAMINER'S DEPUTY MEDICAL EXAMINER'S	SINER 22b. DATE SIGNED
necessory, the funero 5 may be 6 FUNERA Health pr	230	NAME (Type) 2 ELDEN CAPTURE (Type) 23b DATE 23c. NAME OF CONFERENCE OF CREMATORY 23d. 1	LOCATION (City or Town) (County) (State)
	1 420	- MONON (Speciful	Vashington D.C.
VR A15ME (5) 10M REV 1/68	wo	rner E. Pumphrey, Inc., 8434 Ga. Ave. S.S. Md DAWN 27	1968 Scharles Judge.



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		6.56		CI	RTIFIC	ATE OF	DEATH				. 3	a dia
		CEASED-NAME First		Middle	AME	ERO	W	20. DATE O	Month 6	Doy >/	Yeor 68	2b. HOUR
	3. SE	FEMALE	4. RACE	siau		S DATE OF BI	IRTH 26- 95	5	6. AGE (In year last birthday)	YRS.		HOURS MAN.
	cour	Russia	5. CITIZEN OF WHAT CO		WIDOWED	NEVER MAR DIVOI	RCED (Taom			Md
`	1	BE TUES La	gye street	IF HOSPITAL OR INSTI oddress) いるいつくで	SR. N	. H ·	during ina	ist of working		ed) [N	KIND OF BUDY DUSTRY	_
	13o admi	USUAL RESIDENCE (Where deceased ssion) STATE D. C.	lived, if institution: R 13b. COUNTY		3c CITY OR		13d, INSIDE CITY LIN YES NO	1.00	REET AND NUMBE		Li A	x.Uw
16.		ATHER'S NAME First	Middle	AZIE 12		00	AIDEN NAME FI	rst	Mide	AL	166	Lost
		WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	or dates of secure)	SOCIAL SECURITY NO		FORMANT OR MIC	y Kau	u (ear	Addrio Addrio			
		18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATI	NV.	(a) (b), and (c).)	TOU.	Fail	luea				APPROXIMA BETWEEN ONS	
		(Conditions, if ony, which gave)	DUE TO, OR AS A C	CONSEQUENCE OF		na					41	125
		rise to Immediate couse (o),(stating the <u>underlying couse</u> (lost	DUE TO, OR AS A (CONSEQUENCE OF		_						
	N	PART 2. OTHER SIGNIFICANT COND	THOUS CONTRIBUTING	TO DEATH BUT NOT	RELATED TO	THE TERMINA	L DISEASE OR CO	ONDITION GIVE	N IN PART 1(0)			
2	CERTIFICATION	plint.	N. A			20a AUTO	NO 🔼	CAUSE	F YES, WERE FINDI S OF DEATH?	4		TIFYING
	WEDICAL CE	2) a ACCIDENT WAS UNDERLYING or CONTRIBUTING cause OF DEATH (If either, notify medical examine	HOUR A.M. Mo	onth Doy Year		26.14		nature of inju	ary in Part 1 or Po	ort 2, Item 1	8.)	
	W	While Thot while at wark at wark	M(A)	E BUILDING ETC	1	M.		City	or Town		unty	State
		220. I certify that (I) (th is saw the deceased alw causes stated above,	ve on	19	∠ 6, ond	that in (m		L , to <u>. (</u> nian death		., 19 <u>6</u> ne dote or	that ((I) (we) los nd from the
		22h SIGNATURE.	Sesi	a.w.r	ĐEGRI	ATTENDII EE PHYS	NG M	ED RECTOR	STAFF PHYS.	DATE S		
1		22d PHYS CIAN S NAME (Type) EDG/	407 H.LE	1		22e ADD		Nisco			tus sh	m, reh
	Z		23-68	230 NAME OF CE	m	CREMATORY		1900		MC1+		(State)
		FUNERAL DIRECTOR	ulkme	ADDRESS 42179	251	-NW	DATE UN		68 25h PEGIS	RARS SIGN/	Judy	pe

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by director, page 3 should be detached for use as the burial-tronsit permit. Then please remove carbon papers. For should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 half. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the hospital or attending physician.



FOR STATE HEALTH DEPT.

ny defoy is and 2-to poortm PM3 necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages T, the funeral airector Poge 4 shauld be forwarded to the Chief Medical Examiner's Office olong with farm This certificate should be executed within 24 hours after death DICAL EXAMINER:

10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Health prior to burial, cremation, or removal, and in any event within 72 haurs ofter death. 5 may be retained far your files.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EYAMINED'S CEDTICICATE OF DEATH

32

	63 w U U			LUICAL	LAMINI	AFV 3	CEKIIII	CAIL OI	DEATH					
	EASED NAME pe or Print)	Fir	*		Middle			Lost		20. DATE OF		th Doy	Yeor	2b HOUR
1.7	po or reme)	HERE	BERT				KAU	FMAN			MATED Ju	ne 9,	1968	111 AM
3. SEX	Male	4. RACE White	5 DATE	OF BIRTH	-086	AGE (In year	ZHTHOM	DAYS HOL	NDER 24 HRS RS Min.	2c. DATE P Month	RONOUNCED DEAD	Уес	168	2d HOUR
	RTHPLACE (Stot	e or foreign	76 CITIZEN	OF WHAT CO	UNTRY?	B. 1	MARRIED X	EVER MARRIED	9. 00	UNTY OF DE	ATH			
country	y) New	York		USA		W	DOWED	DIVORCED		lontgo	mery			Mo
10. CIT	Y OR TOWN O	F DEATH			F HOSPITAL C	OR INSTITUTI	ON (If not in		o USUAL C	CCUPATION (Kind of work don	e I2b KIN	ID OF BUST	
Si	ilver S	Spring		give street	dodress) Ho	oly C	ross H	osp.	r ng most Ne 1	working li wspape	fe, even if retired) INDUSTR	ellir	ng
130 u	SUAL RESIDEN	CE (Where dece	ased lived, i	f institution	Residence be	efore 13c Cl	ITY OR TOWN		CITY EIMITS?		AND NUMBER			
0011	nission) STATE	Marylar	id 135. CO	Mon Mon	rtgomer	ry SS	og.	YES ‡	осио □	1428	Hampshi	re We:	st 🕜	sere!
14. FAT	THER S NAME	First		Middle		120.	1S. MOTH	IER'S MAIDEN N			M-ddle		Lost	
		Harry			Kauf				Malv	ina	Weiss	Ka	ufmar	n .
	AS DECEASED EV s, no, or <u>un</u> knov	/ER IN U.S. ARMED) FORCES? ye war or dates of	SMEN(F)	SOCIAL SECURI		17. INFORM				ADDRESS			
	Yes		WII	07	5-09-6	235_	Ruth	Kaufma	n, Wi	fe	same as		bove	
	1B. CAUSE OF PART I E	DEATH (Enter of	only one cous ED BY. DIATE CAUSE (10	(6), (b), ond	(0)	1100	The	err	X ?	Jaile		APPROX MATE TWEEN ONSET	
	413	E A MINICO	,		CONSPOUENCE	E OF			-	11				
		ny, which gove	1 .	6) (1	THE	En	red	end	7	KLC11	1 Je a	Ves	aas	20
		liote couse (o), iderlying couse		TO, OR AS A	CONSEQUENC	E OF								
	lost)	(4)										
P.	ART 2 OTHER	SIGNIFICANT CON	DITIONS CON	TRIBUTING TO	D DEATH BUT	NOT RELATE	D TO THE TE	RMINAL DISEASE	OR CONDITI	ON GIVEN IN	PART I(o)			
	1 751 /		_											
FICATION L	90 DATE OF C	PERATION			CONDITION FO		PERATION					20	AUTOPSY'	?
I FIC					WAS PERFORI	MED#							YES [NO X
	To. EXTERNAL	CAUSE WAS R CONTRIBUTING		IME OF INSUR IOUR A.M.	Y Month, Doy,	Yeor	21c. HOW II	NJURY OCCURRE	D (Enter not	ure of njury	n Port 1 or Port	2, Item 1B)		/
lä L	CAUSE OF DEAT	H		P.M.		19								
₹ 2	Id PAJURY OC		PLACE OF IN	JRY (At hon	ne, form, stre	et,	21f LOCATIO	N Street or R F D	No No	€tyc	rTown	Count	У	Stote
	AT WORK	OT WHILE T	7, 5	Tanana,	,									
	22a. 1	certify that I	took charg	ge of the re	mains dest	Mbed obd	ve held or	a Autopsy [], In	spection [, Inquiry	X, 01	nd in my	y apinian
	death re	sulted from:	Noture	y couses [Accid	ferif 📜	Suicide	, Hon	nicide 🗌	Under	ermined mann	ér 🗌		
	ACTUAL	/ /	1//			11.	K	CHIEF MED	ICAL EXAMI	IER 🔲				
	SIGNATURE _	de	A UN	1/	Bil	LOG /	N	D. ASSISTANT	MEDICAL EX	AMINER	22h-0	ATE SIGNED	~ ,	<u> </u>
	EXAMINER'S NAME (Type)	BELI.	DEIV	X	14		1/2/9	ADDRESSIE	DICA EX AN	INTER AT 19 UN	N) Ver	VE ?	7/7	168
230.	BURIAL CREMA	TION, 23t	DATE		23c. NAME	OF CEME	RY OR CREMA	ATORY	23 d	LOCATION	(City or Town)	(County)) (St	tote)
	REMOVAL (Spec	- 0	June 1	0, 196			e Ceme	tery		Yonk	ers. N.Y			
_	UNERAL DIRECT				AC	DORESS		250.	REGD BY RE		A 25b. REGYCL	R.S. SIGN'ATUI	RE Canad	al.
G	ioTqper	g Funer	al Ho	me 42	17 9th	h Str	eet N.	W. DATE	3011	TT 10	40		0 0	7

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b. HOUR 1. DECEASED-NAME Middle Lost 2a. DATE OF DEATH First (Type or print) Month Nellie eene 3. SEX 4. RACE S. DATE OF BIRTH OF LINDER 1 YEAR IF UNDER 24 HRS. 6 AGE (In years The law requires that the death certificate be executed within 24 hours after lost birthdoy) MONTHS DAYS ROHES signed by the attending physician and completely filled in by the bunal-transit permit. Then please remave carbon papers. Pages bunal, crematian, ar removal, and in any event, within 72 hours af Feb. 12 - 1885 Female Caucasian 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) MARYLAND WIDOWED IX DIVORCED MONTGOMERY COUNTY NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR give street address) WASHING TON during most of working life, even if retired) INDUSTRY & NOSPITAL SANITARIUM LOUSewite 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 136. INSIDE CITY JMITS? 13e. STREET AND NUMBER YES -408 GOMERY HANNES 14. FATHER'S NAME Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Last Samuel MARCARET KEIZEHR urner 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no, or unknown) (If yes give war or dates all service) Patients 100 APPROXIMATE INTERVA IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (d) NSCIFFICIENC Conditions, if any, which gove] rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE, OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to Page 4 may be retained by the haspital ar attending 19a. DATE OF OPERATION 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDE CERTIFICAT CAUSES OF DEATH? YES 🔲 NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M. (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME. FARM, STREET, FACTORY 21f. LOCATION Street or R.F.D. No. City of Town County State While Mot while at work 22a. I certify that (1) (this hespital) attended the deceased from May 26, 1965, ta dure 9, 1965, that (1) (we) last saw the deceased give an deceased from May 26, and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE **ATTENDING** DEGREE PHYS PHYS. 22d. PHYSICIAN'S S 22e. ADDRESS E NAME (Type) MAME OF CEMETERY OR CREMATORY BUR AL PREMATION. KEMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE 2Sq VR A15 (4) Charle 1968 30M REV 1/68



-	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Doy Year 2b HOUR
of of	(Type or Print) Hasen Bustol Kennedy DEATH MATED STUDIES 1968 3 M
deloy nnd 3 13. Poc ment	3 SEX 4 RACE 5 DATE OF BIRTH 16 AGE IN years 1 F LNDER 1 YEAR 1 IF LNDER 24 HP 2c DATE PRONOUNCED DEAD 2d HOUR
ny deloy is 2, ond 3 to PM3. Poge partment of	Month Day Year 1968 A N
2 2	7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
form te De	Jaou Penna U.S.A. WIDOWED DIVORCED Mont 40 mer
	10 CITY OR TOWN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120 USUAL OCCUPATION (Kind of work one 126 Kind OF BUSINESS OR
death	Rockville give street address) Westhours Rd Retired Section Charlet GAD.
	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d IMSIDE CITY LIMITS? 13e STREET AND NUMBER
S - S - C - C	odmission) STATE 136 (ONT) on to see & Rockers & YES X NO [24600 (Nastbury Rd
hours frem 18 Office 1 and 2	14 FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Lost
24 5 5 5 5	MacCraig Kennedy Anna Bristol
I within 24 Examiner's Etle poges 72 hours	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT 14600 WEDSELBURY Road
within pencil xamine ife pog 72 hou	yes Will 578-12-6432 Jane D. Kennedy Rockville Maryland
ad w in 1 in 1 in 7	18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) to
ld be executed 'rd "pending" in Chief Medicol Es transit permit. Fi	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (Q) FC CONTROL OF CON
X O K	408 X DUE TO, OR AS A CONSEQUENCE OF
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vould word the Ch riol-tra	stating the underlying rause DUE TO, OR AS A CONSEQUENCE OF
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0 ± + 0 0	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(a)
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is certific te, writin forward e used os	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?
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VER: Terrific hould be lies. should it on, or	CAUSE OF DEATH P.M. 19
MINE the c 4 shour file e 3 shout the c 3 sh	21d INJURY OCCURRED 21e PLACE OF N.URY (At home, form, street, while not while not while foctory, office building, etc.) 21f LOCATION Street or R.F.D. No. (ty or Town County State
ute ute you you you you you you you was a cream of the contraction of	AT WORK AT WORK]
CAL EX execution. Paged for y CTOR: P buriol, e	220. I certify that I took charge of the remains described above, held on Autopsy 🔲, Inspection 🔀 Inquiry 🔲, ond in my opinion
3 ° 5 7 5 8	death resulted from. Natural causes 🗖, Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner 🔲
directo directo estoined DIRECT	ACTUAL CHIEF MEDICAL EXAMINER CONTROL CHIEF MEDICAL EXAMINER CONTROL C
Y. P.	SIGNATURE ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED
DEPUTY scessory, p e funeral may be r FUNERAL	EXAMINER'S DEPUTY MEDICAL EXAMINER 6-/2-8
o DEPUTY necessory, I the funeral S may be r o FUNERAL Heolth pri	MAME (Type) John Rogers 1919 Seminary Rd. ADDR Styteet, cty, town, ar county)
TO DEPUT	230 BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
21	Aburial June 17, 1968 Fort Lincoln Cemetery Prince George County, Ad.
VR ATSMEVS)	Jien carrest 4 georgia nuenue
10M REV 1768	Burner E. Pumphrey, Inc. Silver Spring. Md. DATE JUN 18 1968 Kcharles Jusque

MARYLAND STATE DEPARTMENT OF HEALTH



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		\mathcal{A}		~~~£30	DIVISION OF	VITAL RECORDS,	301 W. PRI	ESTON STR	EET, BALTIM	ORE, MARYLAND 21201		
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requires that the death certificate be executed within 24 hours a physician.	n and campletely filled in se remove carbon paper d in any event, within 72 i	1.	10. C	TY OR TOWN OF DEATH BETHESDA		ME OF HOSPITAL OR INS	TITUTION (If not			OCCUPATION (Kind of work done a working the year of retired.)		BUSINESS OR
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эхес	d ca	×	14 F	ATHER'S NAME First	Middle	Lost			DEN NAME First	Middle		Lost
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ate	cian and contract con			WAS DECEASED EVER IN U.S. ARM	FD FORCES?	16b SOCIAL SECURITY N	10. 17 INF	ORMANT		Address		
ertificate be physician c hen please naval, and ir			_ 1	es, no YES (II yes give w	NK or or dates of service)	417 20 9	000 EI	TZABE	TH KIDDE	ER BOX 729 TUSC	ALOUSA.	ALB.
e	signed by the attending physis burial-transit permit. Then pi burial, crematian, ar remaval,			18. CAUSE OF DEATH (Enter and	y one couse per lin	ne for (a), (b), and (c).)					MATE INTERVAL DISET AND DEATH
ath	attending permit. The			PART I. DEATH WAS CAUSED				ŒSONE!	PHRIC OF	LEFT OVARY		
e de	atte Derm an, I			1830		S A CONSEQUENCE OF						
÷	the sit p			Conditions, if any, which gave arise to immediate cause (a),	(b)							
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quires th	signed by the burial-transit burial, cremat		Н	last.	(c)	<u> </u>						
equ ph				PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBU	TING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CON	DITION GIVEN IN PART 1(0)		
The taw reattending	icate has been far use as the Health priar ta		NOL	19g. DATE OF OPERATION 19b	CONDITION COD WELL	ICH OPERATION WAS PE	COPACO	20g. AUTOF	KV3	20b. IF YES, WERE FINDINGS	CONCIDENTED IN C	EDTIEVING
te t	as b as pric)	FICA	170. DATE OF GREATION 170	LUNUITION FUK 1977	ICH GERAHON WAS PE	Kruknicu	YES T	NO [X]	CAUSES OF DEATH?	CONSIDERED IN C	EKTIFTING
		20.5	CERTIFICATION	21g. ACCIDENT WAS UNDERLYIN	G 216 TIME OF	INJURY	21c HOV			of injury in Port 1 or Part 2	Item 181	
To l	-		MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M.	Month Day Year					,	
PHYSICIAN: e haspital or			WED		,	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		ATION Street	ar R.F.D. No.	City or Fawn	County	Stote
S +	After this be detail			22a. I certify that (I) (thi	s haspital) atte	ended the decease	ed fram	10MAY	. 19_68	2, to 7	9 68 , that	(I) (we) In
TEND!				saw the deceased al	ive an 7. (i) (we) (did)	june (did not) view the l	9.68., and bady after de	that in (my) (aur) apinio	3 , ta <u>7 JUNE</u> , 1 In death accurred an the d	late and haur	and frem th
OR ATTENI	DIRECTOR: ge 3 shaulted with the			226 STGNATUR	ike 17	(mc/05)	DEGREE	ATTENDING		STAFF 220	DATE SIGNED	
	<u> </u>			22d PHYSTEIAN'S NAME (Type)				22e. ADDR		/		
O HOSPITAL	O FUNERAL director, pa	١				R LT, MC U			JSNH BET			
O HO	Fig. 5		230.	BURIAL, CREMATION, 23b . [10 /	//	CEMETERY OR C		2	3d LOCAT ON (City or Town)	(County)	(State)
2	2 3		24	REMOVAL (Specify) PURTAT. FUNERAL DIRECTOR	-/0'-62	LAKEWOO CHURCHORESS	A LEGIN	CERY	25o. REC'D BY R	MINEAPOLIS, EGISTRAR 25b. REGISTRAR		
	VR A15 (4 30M REV T	68		THE FALLS CHUR	CH FUNERA	AL HOME.11	O2 WEST	BROAL			arles Coe	400.



12 C T

LULUM	DIVISION OF 1	TIME RECORDS	CERTIFICATE OF D		MAKIDAND 2120		c) *	
1. DECEASED-NAME	First	Middle	Last	2a. DAT	E OF DEATH		2b HOU	JR
(Type or print) ELIZA!	BETH	ANN	KILROY		Month SUNG S	Day Year	134	
3. SEX	4 RACE	·	S DATE OF BIRT	Н	6. AGE (In years	OF UNDER 1 YEAR	IF UNDER 24 H	-
FEMALE	WH	ITE	VUN	E 20,196.	8 last birthday) y	RS — DAYS	HOURS M	MIR
7a. BIRTHPLACE (State or foreign	76 CITIZEN OF WHA	T COUNTRY?	8 MARRIED NEVER MARRI	P. COUNT	Y OF DEATH			Т
COUNTRY MARYLAND	U.S.		WIDOWED DIVORCE	D M	ONTGOMEN	64		٨
A CITY OF TOURI OF STATU	111 616 1	IT OF HOCBITAL OR II	MCTITUTION (If and in bounded	32- LICITAL OCCUDAT	T.OM /V.nd of mark do	Da LINE PAND A	E DITERRICCE OF	

NAME OF HOSPITAL OR INSTITUTION (It not in hospital 126 KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired.) 13a. LSUAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY EUNITS? admission) STATE 13b COUNTY 1511 Middle 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle NUN 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. Address Thomas Yes, na, ar unknawn) (If yes give war or dates of service) ther- rame APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED B IMMEDIATE		ateurity	
Canditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	Same	
rise to immediate cause (a), (stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	50 1	
PART 2. OTHER SIGNIFICANT CONDIT	(c)	LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(a)

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES P NO 🗔

CERTIFICATION 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M (If either, natify medical examiner

(AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County

While Nat while at wark that (I) 22a. I certify that (I) (this haspital) attended the deceased from the

sow the deceosed alive an causes stated above, (I) (we) (did) (did n	at) view the body ofter deat	ot in (my) (our) opinian de h.	ath occurred an t	he date and haur ond from
226 SICHTURE	2 M. D. DEGREE	ATTENDING MED.	STAFF	22c DATE SIGNED

22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) University

23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town BURIAL, CREMATION 23a REMOVAL (Specify) FUNERAL DIRECTOR

Gate of Heaven Cem
ADDRESS
Le, Maryland
DATE Tyson Wheeler; Rockville, Maryland

State

(State)

(County)

Page 4 may be retinned by the hospital or attending physicion. O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the should be filed with the State Dept. of Health prior to VR A15

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3 should be detoched for use os the

OR ATTENDING PHYSICIAN: The law requires that the Leath certificate be executed within 24 hours ofter

burial, cremotion, or removal, and in any event, within 72 signed by the ottending physician and completely filled burial-transit permit. Then please remove corban paper



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

05597

funerol 71 and 2 ter death,7 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Howard L. King June Month > Doy 7 (A post 3 SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6 AGE (In years Male White lost_birthdoy) HOURS Feb. 5, 1919 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Virginia U.S.A. Montgomery WIDOWED TT DIVORCED 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) Suburban Hospital during most of working life, even if retired) Bethesda INDUSTRY 130 USUAL RESIDENCE (Where deceosed lived, if institution, Residence before 113c, CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CETY LIMITS? odmission) STATE Maryland 13b. COUNTY ntgomery 918 Snure Road YES -Silver Spr 14. FATHER'S NAME First Lost 15. MOTHER'S MAIDEN NAME First Middle King Levi Blanch'e Gallahan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Yes, no. Qr. unknown) | [ff.yes give wer or doles of service) Frances Louise King- wife - s me item 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gove) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse(PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 19e. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES TO NO 🗀 216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Fort 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 23f. LOCATION Street or R.E.D. No. Stote City of Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from , 19 77, to 19 77, to 19 77, to 19 77, that (I) (we) last saw the deceased alive on 19 77, and that in (my) (aur) apirlian death occurred on the date and haur and from the causes stated abaye (1) (did) (did not view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) William S. Murph 515 V. Montgomery Ave. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) Burial Gate of Heaven Cem. Silver Joring, M ryland 24. FUNERAL DIRECTOR 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Rockville, Maryland

law requires that the death certificate be executed within 24 hours ofter death

signed by the ottending physician and completely filled burial-transit permit Then please remove carbon pape

O FUNERAL DIRECTOR: After this certificate has been

director,





MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE DEPT. 1. DECEASED-NAME 2a. DATE KNOWN Month Day Year (Type or Print) 10 ESTI DEATH MATED F JHOER 24 HRS 6 AGE (n years 2c DATE PRONOUNCED DEAD S DATE OF BIRTH Year 6 May 15, 1893 7b. CITIZEN OF WHAT COUNTRY? NEVER MARRIED 9. COUNTY OF DEATH coantry) 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a USUAL OCCUPATION (Kind of work done 10. CITYOR TOWN OF DEATH during mask of working life; even it ret red.) Give 13a LSUAL RES DENCE (Where deceased lygo, if institution: Residence before 13c. CTY OR TOWN 13d. INSIDE CITY LAW TS? 13e STREET AND NUMBER 19R COUNTY odmission) STATE YES NO hours the certificate, writing the ward "pending" in pencil in Item I should be farwarded to the Chief Medical Examiner's Office after land 14 FATHER'S NAME 15. MOTHER'S MAIDEN NÂME Unknown hours bades 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b SOCIAL SECURITY NO. 220447248Howard Hyland File APPROX MATE INTERVAL in any event within 18. CAUSE OF DEATH (Enter only one couse per ing for o), (b), certificate shauld be executed BETWEEN ORSET AND DEATH permit PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o DUE TO, OR AS AV CO. burial-transit Conditions, if ony, which gave rise to immediate couse (a), DUE TO, OR AS ACCONSEQUENCE stating the underlying couse ond PART 2, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) O S removal, 19b. CONDITION FOR WHICH OPERATION 190, DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate, pe 0 210 EXTERNA_ CAUSE WAS 21b TIME OF INJURY Month, Dov Year 3 shauld PRIMARY OR CONTRIBUTING crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, Store foctors, affice building, etc.) Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page WHILE HOT WHILE 22a. I certify that I took charge of the remains described above, field an Autopsy Inspection D and in my epin en death resulted from Natural causes Acerdent / Suicide Hamicide Undetermined manner prior to ACTUAL 22b DATE SIGNED the funeral SIGNATURE EXAMINER'S NAME (Type) 23c. NAME OF CEMETERY/OR/CREMATORY BLRIAL, CREMATION 23b DATE 23d LOCATION (City or Tawn) (County) (Stote) REMOVA. (Specify) Arlington National em. VR A15ME (5) Pumphrey. 10M REV 1/68



				D STATE DEPARTMENT OF		
		00696		301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	
		82100		ERTIFICATE OF DEATH		J8701
		EASED-NAME First	Middle	Lost	2g DATE OF DEATH	68 2b. HOUR
	(1)	pe or print)	Tee	Kolpack	June 15	1938 9:15
l	3. SE)		4. RACE	5 DATE OF BIRTH	6, AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
١		Female	White	10/22/09	lost bythdoy)	MONTHS CAYS HOURS AHM
ľ	70 B	RTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
١	count	Maryland	U.S.A.	WIDOWED DIVORCED	Montgomery	٨
Ì	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a USU	JAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
		Olney	give street address) I font gomery Ge	en. Hospital Hor	nast of working life, even if retired) USEWLIE	INDUSTRY
ı	13a	JSUAL RESIDENCE (Where decease	ad lived of institution, Posidonea before	13c, CITY OR TOWN 13d INSIDE CITY	13e STREET AND NUMBER	
ı	garns	sion) STATE Maryland	13b. COUNTY Prince Geo:	Laurel YES	601 Haynes Ro	oad .
I	14 F	ATHER S NAME First	Middle Lost	15 MOTHER'S MAIDEN NAME	First Middle	Lost
ı		Arthur				
ı		WAS DECEASED EVER IN U.S. ARA is, na, or unknown) {If yes give v	AED FORCES? 16b. SOCIAL SECURITY I		ds Address	252
ı		no		Hontgomery Gen	eral Hospital, Oli	APPROXIMATE INTERVAL
I		1B. CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ı		PART I. DEATH WAS CAUSE IMMEDIA	ATE CAUSE (o) Pulmo	MARY LAXA	ROTION	24 ARS
		51 d. X	DUE TO, OR AS A CONSEQUENCE OF		Failure	,
		Conditions, if any, which gave rise to immediate cause (a).	(b) Conges	CTIVE HEART	railure	24 1/25
		stating the underlying cause	DUE TO, OR AS A CONSEQUÊNCE OF			
		last.	(c)			
		PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUTING TO DEATH BUT NO	1 . 11	CONDITION GIVEN IN PART I(a)	
	징	Dinbe	TRS & FERINA		C.S.	
	FICATION	19a DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	,	20b IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING
	CERT F	21g. ACCIDENT WAS UNDERLYIN	ENAI CALCUL			<u>S</u>
		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Year	ZIC HOW INJUST OLLUKKED (ENI	er nature of injury in Part 1 ar Part 2,	Item (B.)
i		(If either, natify medical exami	ner) P.M. 15	TOOY NOT LOCATION CALLS OF D. D. D.	o. City ar Town	Caunty State
ı	ш	White Not while	PLACE OF INJURY (AT HOME FARM, STREET FAC	TORY.) 21f LOCATION Street or R.F.D. N	o. Eny ar lown	contry 3tale
ı		at wark — at work —	ir barnital) estandad the decess	d from the man of 100	1 , to Gorne 1) , 19.	7 / P that (1) (ma) la
		saw the deceased a	is haspital) oftended the decease live on 15 le, (J) (we) (did) (di d not) view the	96 L, and that in (mv) (our) as	omion death accurred on the do	ote and hour and from th
		causes stated above	e, () (we (did) (did not) view the	body after deoth.		
		22b SIGNATURE	////_	ATTENDING -4	MED STAFE 224.	DATE SIGNED ,
			MIMAR CELLA . 71	DEOREE PHYS	DIRECTOR PHYS D	Tome 60
		22d. PHYSICIAN'S NAME (Type)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	22a. ADDRESS	1 7 7 6	1/2
		.// aour				ille, Md.
	23a.	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Tawn)	(County) (State)
	TX	DEMOVAL (Specify)	-19-68 Fra	vidence Clm:	Menely Ha	ward mad
	24	INGEN DIRPETOR	ADDRESS ADDRESS	1811	BY REGISTRAR 256 REGISTRAR'S	SIGNATURE OLIGINATURE
1	1	AND THE WAY	WILLIAM (WOLLIA	DATE	11H/20 1968 year	100



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

l	, CEMITTALE OF DEATH	
	CEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. Ho	JUR_
(ype or print) NINA M KotchEtkoff June 3 1968 11-	PI
3. S	X 4 RACE 5. DATE OF BIRTH 66, AGE (In years I HUNDER I YEAR IN UNDER 2	HRS.
1	emale white 2/7/1896 last birthday) YRS MONTHS ON'S HOURS	MIN
	IRTHPLACE (Style or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
(00	Kuscia Russia WIDOWED DIVORCED Montamery	М
10:	LTY OR TOWN OF DEATH 11. NAME OF PIOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (2) and of work done 12b kind of Business (R
6	ethes da superior to sortal during most of working life, eval it retired) INDUSTRY	
	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN .3d INSIDE CITY LIMITS? 13e STREET AND NUMBER .	
2000	Tary and Prostomery Bilven Daring YES NO 2416 Chirchill Load	
14.	ATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Lost	
	Mitastan Kakshargo UNKNOWN	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Son in Law Address Left. Ap 12	-
	354 06 5866 K. L. Allen 2 46 Churchell	0
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	ATH.
	PART I DEATH WAS CAUSED BY: Metastatic Carcinoma	
	DUE TO, OR AS A CONSPOLIFING OF	
	Conditions, it any, which gave) (b) carcinohia of pauceas + liver	
	rise to immediate couse (a) Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	lost (c)	
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
×	757 X	
CATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
CERT F	TES NO (24)	
E CE	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	
MEDICAL	(If either, notify medical examiner) PM 19	
Σ	21d INJURY OCCURRED While Nat while 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY, OFFICE BUILDING, ETC.) 21f LOCATION Street or R.F.D. No. City or Town County Sto	te
	at wark — at wark — 1	
	220. I certify that (1) (this hospital) attended the deceased from 1965, 19, to file 3, 1968, that (1) (we) las
	saw the deceased alive an19, and that in (my) (our) opinion death occurred on the date and hour and from couses stated above, (1) (we) (did) (did not) view the bady after death.) The
	22c DATE SIGNED	
	- Remove Cop Col 4D DEGREE ATTENDING DIRECTOR DI	
	22d PHYSICIAN'S // / 22e. ADDRESS	
	NAME (Type) 7. Her vouet Leiber M.D. 7602 Connecticut Dre Cheryll	a.
230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County), State)	174
	REMOVAL (Specify) 6-5-68 Rock Creek Comety Webste St NW. Wash	-
24	FUNERAL DIRECTOR L S L'ADDRESS Shing med 250 RECD BY REGISTRAR 19 250 REGISTRAR SIGNATURE L'ADDRESS	
1	DATE JUN 6 1560	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in the fameral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages I and should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after each VR A15 (4) 30M REV 1/68

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

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	ly.	10	10	- 31

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death and 2	1 PLACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission)						
	o. COUNTY Montgomery MARYLAND	o STATE Maryland b. COUNTY Montgomery						
e - CE	Thirty Grants							
5 4 6 7)	b CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town)	E CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
S A E	Rockville	Rockville						
. in X.은	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS B IS RESIDENCE ON A FARM?						
within 24 hours after filled in by the fur day the fur hann 72 hours mithin 72 hours after mit	1202 Highwood Road	1202 Highwood Road VES NOX						
	3 NAME OF First Middle	Lost 4 DATE Month Day Year						
T. E. E.	(Type or print) MARY CATHRO KUNEF	of June 13, 19 68						
	S SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.						
requires that the death certificate be executed physician. I signed by the attending physician and capture is burial-transit permit. Then please remove consuming the prize and in any events burial, cremation, at removal, and in any events.	Female Cauc. WIDOWED DIVORCED	Nov. 24,1885 82 birthdoy) Months Doys Hours Min.						
equires that the death certificate be exemply sizion. Signed by the attending physicion and common attending the please remote burial, cremation, ar remaval, and in any	10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR	The contract of the second of						
P S S P	during most of working life, even if retired INDUSTRY	Manchester, England COUNTRY? U. S.						
erhificate by physician c nen please laval, and ii	Nurse - Retired	14 MOTHER'S MAIDEN NAME						
# AGEN								
ing r The	Unknown	Isabella Grey						
f Prince	(Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address Same as Item 2.						
he death attendir permit. ion, ar re	No 5/7-48-1802 D	avid H. Coulter Same as Item 2.						
tipe a	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	INTERVAL BETWEEN						
古 . 年 語 B	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGES TIVE	HEART FAILURE ONSET AND DEATH 5						
quires that the physician. signed by the purial-transit burial, cremat	402 X DIETO 1							
ysic riat riat	Conditions, if ony, which gove) (b) HYPERTENS!	WE HEART DISEASE 40 YEAR						
Page Signal	Inse to immediate couse (a), (Due to							
. 8 5 9 5	storing the underlying couse lost. (c)							
he law rattending has been e as the h priarta	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?						
v - ·	O LI 4 ? V	PERFORMED? YES \ NO \ X						
¥ = 8 = 5 →	200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	(Enter nature of injury in Port I or Port II of item 18.)						
YSICIAN: aspital a certificat hed far of. af Hec	205 DESCRIBE HOW INJURY OCCURRED CAUSE OF DEATH 205 DESCRIBE HOW INJURY OCCURRED	(Enter nature at injury in Port I of Port II of Item 18.)						
HYSI hasp s cert ached ept. o	(IF EITHER, NOTIFY MEDICAL EXAMINER)							
PHYSICIAI e haspital his certifice stached fai Dept. af He		ACE OF INJURY (Home, form, ctary, street, office bldg, etc.) (City or town) (County) (Stote)						
က န် + နှစ်	p.m. 19 of work of work	nory, street, office plug , etc.)						
State of the state		. 195-6 to 6 - 13 . 196 8 that (1) I we) las						
the the	saw the deceased olive an 6-13 1968, and th	at death occurred at $\frac{745}{45}$ PM, from couses and an the date stated above						
retained retained ECTOR: 4 S shauld with the	220 SIGNATURE / / / /	22b. DATE SIGNED						
DIRECT WENT OR WIND OR	11/6/15/202 1	A.D. ATTENDING MED DIRECTOR D STAFF D 6-13-68						
y be y be oge 3 age 3 filed v	22c PHYSICIAN'S	22d. ADDRESS 615 W. Montgomery Ave.						
RAI Be be be	NAME (Type) W. G. HALL	Rockville, Maryland						
TO HOSPITAL Page 4 may TO FUNERAL C director, pag shavid be fill	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF							
一	_REMOVAL (Specify)							
5 5 5 2 V	24 FUNERAL DIRECTOR ADDRESS	250, REC D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE.						
VR ATS (A)	ROBERT A. PUMPHREY, Bethesda, Mar	yland 250, REC D BY REGISTRAR 1 255. REGISTRAR'S SIGNATURE						



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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$= -R_{\Lambda I}$		CEASED-NAME	0.0	ust	Middle	1	Lost	2o. DATE (8.4 st) V	2b. HOUR		
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after he fur ges i after	3 5	X	1	4 RACE	1 1	S	. DATE OF BIRTH	/_	6. AGE (In years last_birthday)	HE UNDER EYEAR MONTHS DAYS	IF JNDER 24 HRS. HOURS MIN		
I hours after in by the fers. Pages 2 hours after		ema	le	w			UNK	190	77 YR				
in 24 hours a filled in by the papers. Page		BIRTHPLACE (Stot		_	F WHAT COUNTRY?		NEVER MARRIED 🗌	9. COUNTY O		1			
24 ir		Ore	ece		ece	WIDOWED			TGOMER		Md		
filled in 72	10.	ITY OR TOWN O	F DEATH		11 NAME OF HOSPITAL OR IF	_			N (Kind of wark dan glife, even if retired		BOZIMEZZ OK		
with the state of	122	13a USUAL RESIDENCE (Where deceased Typed, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER											
camptetely ave arbary y event	odm	ission) STATE	$m \mathcal{O}$	TSA TOUN		S./ver			/	DOWNE	MAY		
and cam remave rany ev	14.	ATHER'S NAME	First	Midd	lle Lost		MOTHER'S MANDEN NAME	First	Middle	PULLICE	Last		
and and in a				1/	SONAS		CALLIROE	,	SONAS				
rian cian and	16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b, SOCIAL SECURITY NO. 17, INFORMANT Address												
hysi n pl val,		es, pp or unknow	VII) (11 Yes	give war or dates of service	UNK	CARIST W.K.	PRIAZIS	3627 to	COMMERL.	NW			
that the death certificate be executed within 24 hours after death an. an. by the attending physician and campletely filled in by the funeral transit permit. Then please remave action papers. Pages I and crematian, ar removal, and in any event preshin 72 hours after deptitional and in any event preshin 72 hours after deptitional and in any event preshin 72 hours after deptitional and in any event preshin 72 hours after deptitional and in any event preshin 72 hours after deptitional and in any event preshin 72 hours after deptitional and in any event preshing.					er line for (a), (b), and (c).)					MATE INTERVAL INSET AND DEATH		
ndir ndir ar re		PART I. DI	EATH WAS CA	JUSED BY: MEDIATE CAUSE (o)	Right Ce	rebral	Infarcti	on					
aftendi aftendi permit. an, ar r	1	433	9		OR AS A CONSEQUENCE O								
t the st p notific		Conditions, if o			Bilatera	1 Pyon	ephresis						
physician. physician. signed by the burial-transit burial, cremat		stating the un			OR AS A CONSEQUENCE OF	v Conc	estion &	Edema					
quires physic signed burial- burial,		DADT O OTHER	CICNIFICANT	(c)		~~			/EN IN DADT 1/a)				
requestion of the second of th		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)											
e law tendin 1s beel as th priar t	CERTIFICATION	19a DATE OF OF	PERATION	19b. CONDITION FO	R WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY?		IF YES, WERE FINDING	S CONSIDERED IN C	ERTIFYING		
는 p 로 a 로 기	18						YES KO NO	CAUS	ES OF DEATH?				
AN: That are at a care he far use Health		21a. ACCIDENT			AE OF INJURY		Y INJURY OCCURRED (En	ter nature of in	jury in Part 1 ar Port	2, Item 18.)			
五名 生 一年	MEDICAL	OR CONTRIBUTION (If either, notif	v medical ex	commer)	P.M.	19							
haspi haspi is certi ached ept. a	N N	21d INJURY O While Nat	CCHIPPED	21e. PLACE OF INJU	JRY (AT HOME FARM, STREET, F OFFICE BUILDING, ETC	ACTORY.) 21f LOC	ATION Street ar R.F.D. N	lo (ı	ty or Town	County	State		
det det De	П	at wark of	wark					, -7	/ /	- / -	****		
Start	П	22a. I certif	fy that (I)	(this hospital)	attended the decea	sed from	that in (my) (our) or	C./_, to	<u> </u>	19 <u>68</u> , that	(I) (wo) last		
R: 4		canses	stoted ob	ove, (I) (we) (did) (did not) view the	body ofter de	eoth.	pinion deon	occorred on the	dole olid lioui	ond from me		
Short Short	L	22b SIGNATURE	1	1 +	A-1.14	.0	ATTENDING 1	MED -	STAFF -2	2c, DATE SIGNED	_		
ALOR A y be reft L DIRECT age 3 sh filed wit		4/-	D. 7	Lengo	LACKINI	• DEGRE	E PHYS	DIRECTOR L	PHYS.	0-11-6	X .		
RAL Page be fill		22d PHYSICIAN NAME (Ty)	1'S	1	\		22e ADDRESS						
	=	E		DATE	loof fract of	F CEMETERY OR G	(FMA) DOV	1 23d AOIA	IIDN If he co Towns	(C-1-2-1	(Sheeks)		
Page 4 To Fune director	230	BURIAL, CREMA BEMOVALISDOC	ify) 2	BJUVE 1			EMETER	1 1 1 1 1 2	SALAGTA	(County)	(State)		
	24	FUNERAL DIRECT	- /	INDUCI	ADDRES	· 4 2	,	BY REGISTRAR	10 255 REGISTRA	R'SANGWARDE	1080		
VR A15 (4) 30M REV 1/68	1/5	INA Ai-		OL HOME ?	The Genecia	AVE NIN	DATE	UNIZ	1200	U			

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH . DECEASED NAME First Middle 2g DATE OF DEATH (Type or print) IF UNDER 1 YEAR 5. DATE OF BIRTH 70 BIRTHPLACE (Stote or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DE DIVORCED during most of working life, even if retired) 126 USUAL OCCUPATION (Kind of work done 130 USUA, RESIDENCE (Where deceased lived, if institution, Residence before 13e, STREET AND NUMBER 13c CITY OR FOWN AGO. INSIDE CITY LIMITS? odmiss on) STATE Mary Land Montgomer 9226 E. Parkhill Dr. Bethesda YES 3 14 FATHERS NAME IS MOTHER'S MAIDEN NAME Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT nb, ar unknawn) (If yes give war or dates of service) 559-30-4834 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART 1. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF seen G-I bleeton Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) one umone 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19b CONSITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🗔 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CALSE OF DEATH (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM STOCKT FACTORY.) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Tawn County State While Mat while at work at work " 22a. I certify that (1) (this hospitel) attended the deceased from Ar 4 , 1967, ta 70, 17, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** 6-19-5 DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS

7701

23c. NAME OF CEMETERY OR CREMATORY

O FUNERAL DIRECTOR: After this certificate has been director, Should b 30M REV, 1/68

NAME (Type)

23a BURIAL CREMATION.

requires that the death certificate by executally within 24 hours after

careed ent, with

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or removal, and in

6-22-68 Cedar Hill Crematory 24 FUNERAL DIRECTOR **ADDRESS** PUMPHREY, Bethesda, Maryland

23b. DATE

Suitland, Maryland 25a. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE DATE

23d LOCATION (City or Yown)



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00701

- 00	370X				CERTIF	ICATE OF	DEATH				J	01	UD		
DECEASED		First		Middle		Last		2a. DATE	OF DEATH Mant	h n-		fana	2b	HOUR	
fishe or	binit	Eugen	ia	Coburn		LARSEN			6	h Do	35	68	7:0	OP ^M	
3. SEX			4 RACE			S. DATE OF B	IRTH		6. AGE (i	In years	IF UNDER	E YEAR OAYS	IF UNDER	24 HRS.	
F	emale		Cauc			8-27-	1917		50	YRS.		OHI3	HOUKS	MIN	
7o. BIRTHPL country)	LACE (Stote or	foreign 7	b CITIZEN OF WH	AT COUNTRY?	8. MARRI	ED 🔀 NEVER MA	RRIED	9. COUNTY	DF DEATH						
Virgi	nia		USA		WIDOW	ED DIVO	RCED 🔲	Mont	gomer	V				Md	
IO. CITY OR	TOWN OF DEA	ATH		ME OF HOSPITAL OR IN:				IAL OCCUPATION	N (Kind af	work done	12b K INDUS		BUSINESS	OR	
Bethe			Na	reet address) val Hospi	tel I	Bethesda	Hou	sewife			INDU) IKI			
130 USJA. udmission)	RES.DENCE (W	here deceased	Lived, if institution	on: Residence before			13d. INSIDE CITY I		STREET AND						
Virgi	nia			lington	Arli	ngton	X	20	18 N.		ingto	n_S			
14 FATHER	S NAME	First	Middle	Lost		IS MOTHERS N	AIDEN NAME	First		Middle			Last		
		ron	C.		URN	Euge	nia		WOOL						
16a. WAS DECEASED EVER IN U.S. ARMED Yes, no, or unknown) (If yes give wors								2018 N. Kersing ARSEN Arlington, Virgin				n S	t.		
No		1			I	iarold S	LARS	EN Arl	ingtor	Vir	rinie	IDDDAY's	The Pose	VIII :	
	AUSE OF DEAT			e for (a), (b), and (c).	.)						- 6	ETWEEN OF	NSET AND I	OEATH	
	PAKI I. DEAIR		CAUSE (a)H	odgkins D	iseas	se									
10	DIX		DUE TO, OR A	A CONSEQUENCE OF											
	itians, if any, v a immediate		{b}												
	g the underly		DUE TO, OR A	S A CONSEQUENCE OF											
last.)	(c)												
PART	2 OTHER SIGI	NIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATE	TO THE TERMINA	AL DISEASE OR	CONDITION GI	VEN IN PART	l(o)					
× 20	2/>														
MEDICAL CERTIFICATION	ATE OF OPERAT	TON 196. CO	INDITION FOR WHI	CH OPERATION WAS PE				20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?			CONSIDERE	INSIDERED IN CERTIFYING			
RTIFI					YES X NO			Y	Yes						
5 21a /	ACCIDENT WAS		216 TIME OF HOUR A.M.	Manth Day Year		HOW INJURY OF	CURRED (Enti	er nature af ir	njury in Part	1 or Part 2,	Item 18.)				
ill en	her, notify me	edical examine	r) P.M.	1	9										
While	INJURY OCCUR	°1 1 1	LACE OF INJURY (AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.	(TORY) 214	. LOCATION Stre	et or R.F.D. No	о (ity ar Tawa		County	f	5	State	
at wor			hacnital) atto	nded the deceas	ed from	18 Marc	h 19	68 ta	22 Jui	ne 19	68	that	XIII (va	a) last	
120.	saw the di	eceased ala	/e on 22 .]	vne detens	968.	and that in h a	M) (onl) ob	inian deat	accurred	on the d	ote and	hour	and fro	am the	
22b. 5	IGNATURE					- ATTENO	NC.	HED	STAFF	220	DATE SIG	NED			
	DEGREE PHYS. DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 23 June 1968										3				
	PHYSICIAN S	1700V	~ ' '			22e. AD	DRESS								
	NAME (Type)	Peter	T KIREC	HNER		Ne Ne	val Ho	spital	, Peti	nesda,	Mar	yla	nd		
23a BJRI/	AL, CREMAT ON,					OR CREMATORY			TION (City ai	r Tawn)	(Cauni	ty)	(Stote	e)	
Buria	AL (Specify)	6/2	25/1968			Vational			ngton				inie	à	
	AL DIRECTOR	Yarle	2 disti	ADDRESS Vir	oini			BY REGISTRAR		REGISTRAR*					
Ives	Funer	al Hom	e WLITT	ROOM ATT	PTRITE	4	DATEJUN	1201	968	gales	Mes	July	12.		

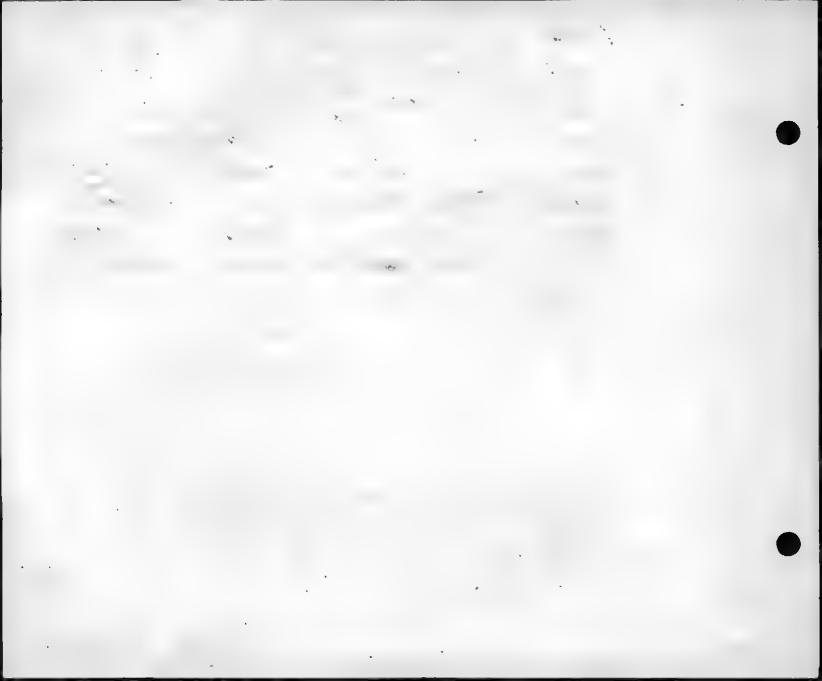
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physistan and completely filled in by 45e futeral director, page 3 shauld be detached far use as the burial-transit permit. Then please Temave carban papers Pages 1 and 2 shauld be filed with the Stat∎ Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 hours after death. VR A15 (4) 30M REV, 1/68

be executed within 24 ho

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.



11 -		ems 18,22a film 402 MARYLAND STATE DEPARTMENT OF HEALTH 2-68 mt DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 -1,	700 MEDICAL EVAMINED'S CERTIFICATE OF DEATH)
HEALTH DEPT.	1.0	DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Day Year 25 HOUR
ay is 3 to Page	(Type or Print) Rufus albert facusar DEATH MATED DEATH	17 1968 13/pm
delay and 3 M3. Po	3 5	rale number 9-27-25 6 AGE (In radis of JINDER 1 YEAR IF UNDER 24 HPS 21. DATE PRONOUNGED DEAD MONTHS DAYS HOURS MAN MONTHS DAYS HOURS MAN MONTHS DAYS	Year good 6 2M
Pepa P		BIRTHPLACE (Store or Agreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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		USUAL RES DENCE (Where deceased ved, f institution Residence before 13c LITY OR TOWN 13d MISIDE CITY IN 152 13e STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13d MISIDE CITY IN 152 12e STREET AND NUMBER 13b. COUNTY 15d MISIDE CITY IN 152 12e STREET AND NUMBER 12d MISIDE CITY IN 152 12e STREET A	rapings-de
hours Item 1 Office 1 and 2	14	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
	11.	WAS DECEASED EVER IN U.S. ARMED FORCES? LIAB SOCIAL SECURITY NO 1.17 INFORMANT ADDRESS A	gester
I within 24 in pencil in Examiner's File pages 172 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Ves no, or unknown) (if yes give war or dottes of service) ADDRESS	1)
	7	18. CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c)	BETWEEN ONSET AND DEATH
d be executed d'pending' in Chief Medicol E. Fransit permit F y event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute Coronary Occlusion with Infarction;	
be exe "pendi hief Me ansit pe event		OUE TO, OR AS A CONSEQUENCE OF Conditions, if thy, which gove) Coronary Artery Heart Disease	
d be d "pe Chief fransity y eve		rise to immediate cause (o). (b)	
certificate should be writing the ward "pe rwarded to the Chief used as a burial-transit noval, and in any ever		stating the under ring cause DUE TU, OR AS A CONSEQUENCE OF	
ote s g the ed to s a b		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ertificot warting warded warded sed as a	3	420;	
his certificate state of the forwarded to be used as a but removal, and it	T FECATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO
E E E	MEDICAL CERT	21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. PM 19 21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING Port 1 or Part 2, Iter	n 18)
	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, while AT WORK	County State
L EXA ecute Page or you R: Pog al, cre		220. I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry	ond in my opinion
ical I		death resulted from Notural causes Acident . Suicide . Homicide . Undetermined monner	
DEPUTY DICAL EXAM ressory, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page with prior to burial, crem		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CON DAYS OF	CAICA
Ssory, ple funerol d' ay be rett nineral D		SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI EXAMINER'S DEPLTY MEDICAL EXAMINER THANKS	17 101C
ro DEPUT necessory the funer 5 may be ro FUNER/	-	NAME (Type) DELDEIN KERP N.P. ADDEST TIPLE OF COUNTY)	11,1768
5 5 5 5	130	BURIAL (SPENATION, 23b DATE 231 NAME OF CENTERRY OR CREMATORY 23d LOCATION (City or Town) (3 REMOVAL (Specify) 6-21-68 Lincoln Park Cem. Rockville Mo	county) (State)
VR ATSME (ST	24	Should L. Inourley Rockville Md. DATE JUN 25 1968 Felian	
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burial-transit permit. Then please remave carbon papers. Pages Tand 2 burial, crematian, ar removal, and in any event, within 72 hours after death

physician c nen please

signed by the burial-transit p

physician.

Page 4 may be retained by the hospital or attending **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta

O FUNERAL DIRECTOR: After this certificate

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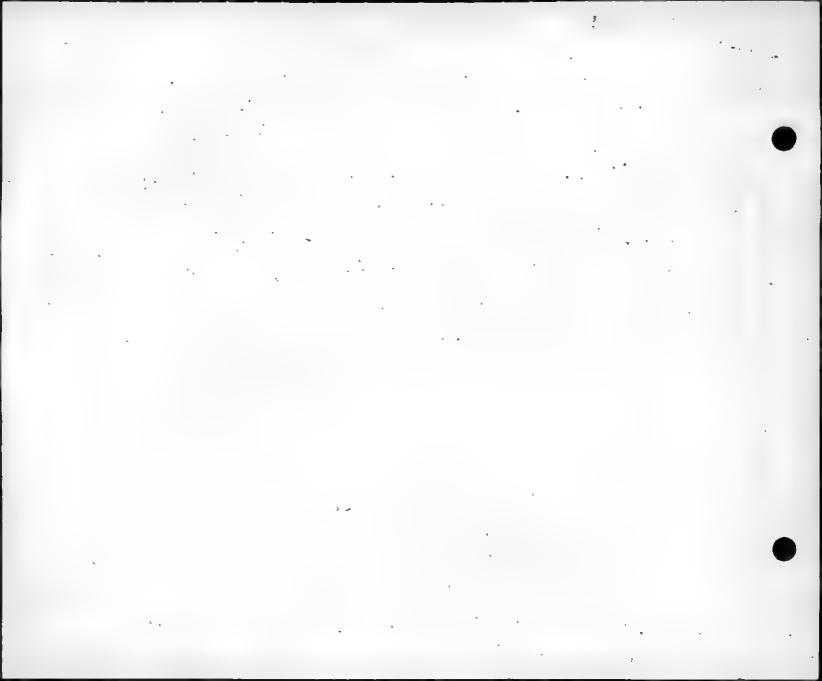
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

DECEASED-NAME Middle 2n. DATE OF DEATH 2b. HOUR (Type or pnnt) Month 4 RACE IF LINDER I YEAR AGE (In years IF LINGER #4 HRS last birthaay) 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED country WIDOWED DIVORCED [10, CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON UCING of work 126 KIND OF BUSINESS OR dering master working give street address) ANDUSTRY 13a. JSJAL RESIDENCE (Where deceased lived, if institution: Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d. INSIDE CITY JUMITS? 13b. COUNTY 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME Muddle Last NOWA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17_INFORMANT Yes, no or unknown) UNKNOWN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema 100 43 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Carcinomatosis(Liver, lymph nodes and Kidneys) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES IS NO [2 a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (1) (this hospital) attended the deceased from 164. Saw the deceased alive an 1954, and that in (my 19 68 100 leve 1964, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the body after death. 22b, SIGNATURE 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b DATE NAME OF CEMETERY OR CREMATORY. 23a. BURIAL CREMATION. (County) > (State) REMOVAL (Specify) 24 FUNERAL DIRECTOR



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vires that the death contificate be executed within 24 hours after death.	cton. d by the attending pluysicion and completely filled in by the funeral I-tronsit permit. Then please remove-carbon papers. Pages I and 2, tremation, ar removal, and in any event, within 72 hours after death.	
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. (or town of d Bethesd	EATH	11 N	AME OF HOSPITAL OR INS	cal C	not in hospitol		st of wo	ATION (Kind of rking life, even	of retired)	125 KIND C INDUSTRY	OF BUSINESS	
x*	13e odmi	USUAL RESIDENCE (ssion) Matey	Where deceose and	d lived, if institut	tgomery	13c, CITY C		136. INSIDE CITY LIM	AUTS? 1;	30 STREET AND 8506 GI	NUMBER	w Avenu	ıe	
	14. F	ATHER'S NAME	first Paul	M ddle	Leepe		IS. MOTHER'S M		rst nna		Middle		lost Hyer	
	16o. Y	WAS DECEASED EVE es, no or unknown)	R IN U.S ARMI		None	10. 17.	INFORMANT The Clin	he Med	ical					
		Conditions, if ony, rise to immediat stating the under last.	H WAS CAUSED IMMEDIAT , which gove e couse (o), Ifying couse	BY: E CAUSE (o) DUE TO, OR / DUE TO, OR / (b) (c)	ne for (o), (b) ond (c). Preumonia, As a consequence of Acute Lymp as a consequence of Ting to death but no	Bila	ic LeWk	emia			1(0)	4 d	ays ears	EATH
1	CERTIFICATION	190 DATE OF OPERA	ATION 19b. C	ONDITION FOR WH	ICH OPERATION WAS PE	CALICTE OF PEATUR						CONSIDERED IN CERTIFYING		
	MEDICAL CER	21o. ACCIDENT War or contributing (If either, notify of	CAUSE OF DEATH	HOUR A.M.	FINJURY Month Doy Yeor		HOW INJURY OC	CURRED (Enter	noture o	f injury in Port	1 or Port 2,	Item 18.)		
	ME	21d. INJURY OCCU While Not what work of work	IRRED 21e. I	PLACE OF INJURY	(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC					City or Town		County		tote
		22a. I certify saw the causes st	thot*(F) (this deceased ali ated abave,	hospital) atte ve an 13/ (1) (we) (djd)	ended the deceose June 1 (did xixt) wiew the	ed from_ 9_68, o body afte	23 Feb. nd that in (# r death.	, 19 <u></u> i¾ (our) opir	oo, to nian de	ath accurred	ine, 19 I on the do	ote and hou	ot (H) (we rand fro	e) lost im the
		22b. SIGNATURE	21458	Mos	Steend	MAGE	11113	LJ DI	ED. RECTOR	STAFF PHYS.	X	date signed L3 June		3
1		22d. PHYSICIAN'S NAME (Type)	Jame				Inst	RESSThe (Clin: of I	ical Ce Health,	nter, Beth	Nation esda, M	al [d. 20	00 1 1
	2 3o	BURIAL TREMATIO	N.X. 23b D	ATE 16	23c NAME OF	CEMETERY O	R CREMATORY	7	23d. LC	OCATION (City o	r Town)	(County)	(Stote))

TO HOSFITAL OR ATTENDING PHYSICIAN: The law represent Page 4 may be retained by the haspital or attending ph TO FUNERAL DIRECTOR: After this certificate has been sig director, page 3 should be detached for use as the bushould be filed with the State Dept. of Health prior to bushould be filed with the State Dept. of Health prior to bushould be filed with the State Dept. of Health prior to bushould be stated. VR A15 (4) 30M REV 1/68

24. FUNERAL/DIRECTOR

Washington, D.C.

Sutten

West 2Sb. REGISTRAR S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 5710 CERTIFICATE OF DEATH Middle 2a, DATE OF DEATH DECEASED NAME Eirst Last 2b. HOUR P (Type or print) Katherine Rebecca Leigh S. DATE OF BIRTH 6. AGE (In years lost burthday) 3. SEX 4 RACE IF JNDER YEAR 8 March 1903 White Female. 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 8 MARRIED T NEVER MARRIED Montgomery Maryland USA WIDOWED K DIVORCED [11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done ID. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR during most of working life, even if retired.) The Clinical Center, NIH INDUSTRY Bethesda. Homemaker None 130. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 36 INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE 13b. COUNTY 402 Hamond Place YES 😿 Annapolis 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Last R. Lottie Banks Joseph Frost 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, no or unknown) Not available The Clinical Center, NIH, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c))

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Respiratory Insufficiency BETWEEN ONSET AND DEATH 48 Hours DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove (b) Bilateral Pleural Effusion 4 Weeks rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Chronic Lymphocytic Leukemia stating the underlying cause: 2 Months PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

@Renal Failure 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

21b TIME OF INJURY

20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO 🗔 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)

TOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 218 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No.

County

State

21d. INJURY OCCURRED While Not while at work

210 ACCIDENT WAS UNDERLYING

22a. I certify that (X) (this haspital) attended the deceased from 14 May 1, 1960, ta 6 June 1960, that (X) (we) last saw the deceased alive an 6 June 1960, and that in (A) (aur) apinian death accurred an the date and haur and from the

City or Town 1000 to June

causes stated above, M) (we) (did) (ADDXXXI) View the bady after death. 226 SIGNATURE

230 BURIAL, CREMATION,

MA DEGREE

23c. NAME OF COMETERY OR CREMATORY

PHYS.

MED. DIRECTOR

STAFF PHYS.

234. LOCATION (City or Town)

1968

22c DATE SIGNED 7 June 1968

22e. ADDRESS The Clinical Center, National 22d PNYS CIAN'S NAME (Type) John Keves Jr. M. D. Institutes of Health, Bethesda, Maryland

FUNERAL DIRECTOR ADDRESS

25g. REC'D BY REGISTRAR DATE

2Sb. REGUTRAR'S SIGNATURE

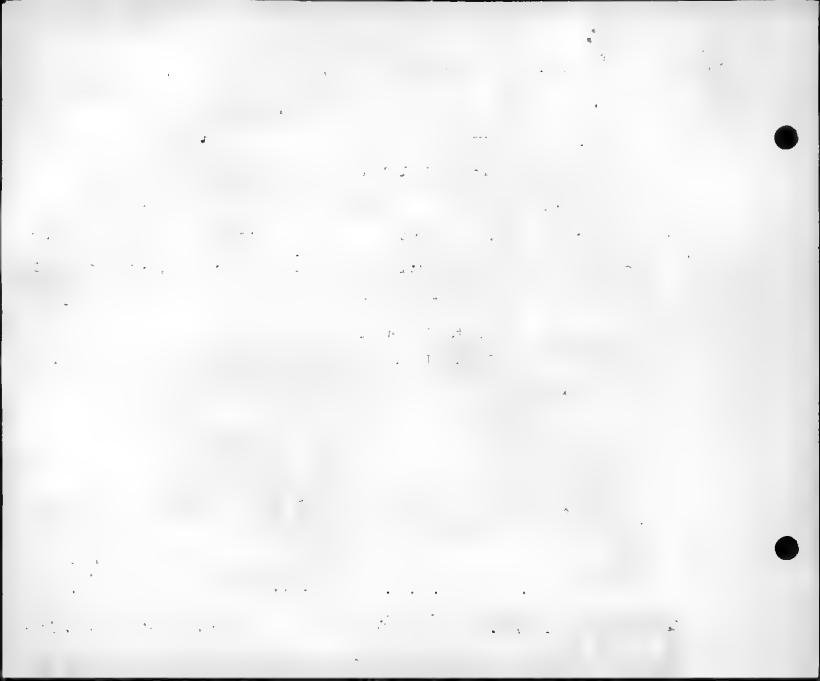
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TO FUNERAL DIRECTOR: After this certificate

requires that the death certificate be executed within 24 haurs after death.

the attending physician and completely filled in by the sit permit. Then please remove carban papers. Pagination, or removal, and in any event, within 72 hours c

VR A15 (4)



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FOR STATE	ľ	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		Type or last ACLES FRANK LEITH DEATH MATED 6	24 188 5-6 M
delay is and 3 to M3. Page	3 5		Year 68 2d Hous
≥°.5		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTRY DEATH	170 10 pm
hours after death Item 18. Give Pages 1, Office along with form 1 and 2 with the State pe	10 (CITY OR JOHN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (IF not in hospital 120 JSUAL OCCUPATION (Kings of work done 12	Md KIND OF BUSINESS OR IDUSTRY
after death 8. Give Pag olong with with the Sta	130.	. USUAL RESIDENCE LWhere deceased lived, if institution. Residence before 13c C TY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER	//
hours afte (Item 18. G) Office olons 1 and 2 with		PATHER'S NAME First Middle Lost TS. MOTHER'S MAIDEN NAME First Middle	Aost
5 5 5		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	yler
I within 24 in pencil in Examiner's Examiner's Filerages A. 72 hodrs		YAS DELEASED EVER IN U.S. ARMED PORCES? Yes no, or unknown) (1 yes give wor or dotes of sennce) Chief Los Ulst - Leitter free	teer souls
should be executed with word "pending" in pen the Chief Medical Example in any event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (o). (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Asphyxiation	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
word "pending" in the Chief Medical Erial-transit permit Fiany event within		1 (O) DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per o the Chief I burial-transit in any even		rise to immediate couse (o), (b) DUE TO, OR AS A CONSEQUENCE OF	
		(c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
certificate should writing the word rwarded to the Cl used as a burial-tra navol, ond in any	2	127 \$	
for for	CERTIFICATION	19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY? YES NO
= 70 =	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING 3:00 PM 6-24 19 68 Deceased drowned while swimming	ig in pond
Sala Sala Sala Sala Sala Sala Sala Sala	WED	21d inJURY OCCURRED 21e PLACE OF N.JRY (At hame, form, street, while At work	County State
AL EXECUTATION PAGE FOR PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		220 certify that I toak charge of the remains described above, held an Autopsy Inspection Inquiry	and in my apinian
pleose e l director retained		CHIEF MEDICAL EXAMINER	٦
TY. P.		ACTUAL SIGNATURE SIGNATURE 22b. DATE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	GNED (10/0
necessary, the funerol 5 moy be 10 FUNERAL Health prin	236	NAME (Type) 26206-11 (EATH Plan ADDRESS Teal at County) UNIVERSE	(Stote)
		REMOVAL (Specific) Bernantson Baptist Bernantson PUNERAL DIRECTOR ADDRESS ADDRES	monty. Md
VR A15ME (A)	10	onstance C. Hillon Barnesville Majarell - 2 1968 Cliarle	es Judgen



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 2o. DATE OF DEATH (Type or print) neven sor 4 RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS requires that the death certificate be exmouted within 24 hours after lost birthday) HOURS MONTHS DAYS white 12-13mal 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OR DEATH 7o. BIRTHPLACE (State or foreign B. MARRIED NEVER MARRIED country) WIDOWED T DIVORCED [Montgomery Europe IG. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired) INDUSTRY Par Takoma washington Sanitarium allowite attending physician and compound and in any event, 30. USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY Silver Spring YES NO T 14 FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Toba Josep hevenson 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) cremation, or remayal, 578-46-4928 Records - Washing 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).
PART 1. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEAD permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-transit nse to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been as the 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? d far use of Health p YES 🔲 NO | 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH Month Doy Year HOUR A.M. (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while of work ot work L O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from the S, 19 6 K, ta March 29 1968, and that in (my) (aur) apinian death occurred on the date and haur and from the saw the deceased alive an ___ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DIRECTOR 22d. PHYSICIAN S 22e. ADDRESS NAME (Type) director, shauld be 230 SURIAL CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY VOCATION (City or Town) 23b. DATE (County) (Stote) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250 REC'D BY REGISTRAR



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

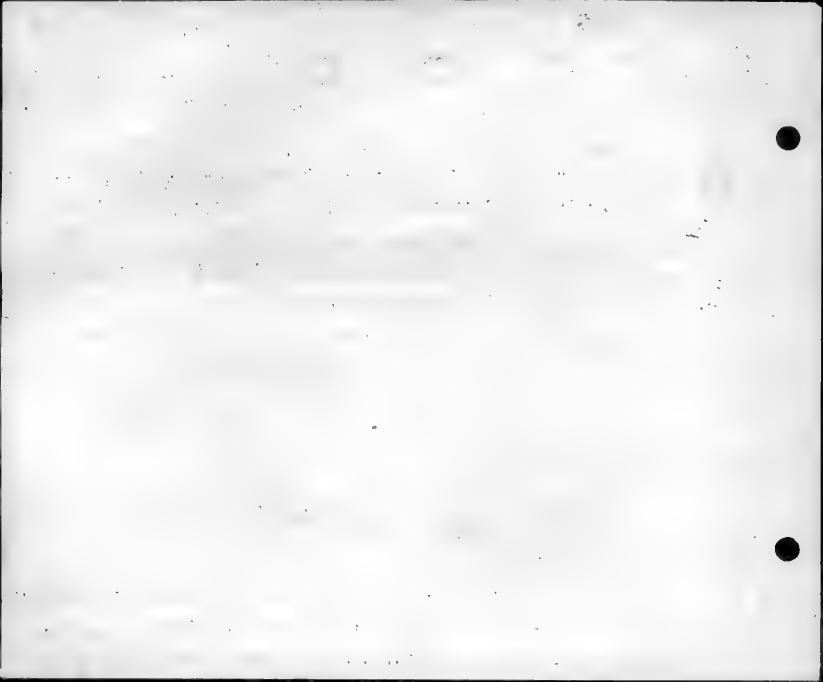
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	1B. CAUSE OF DEA	ATH (Enter an)	v one cause pe											APPROXII BETWEEN O	MATE INTER	YAL
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\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	21a ACCIDENT WA						HOW INJURY OC	CURRED (En	ter nature	в of injury	in Port 1	or Part 2,	Item 1B.)		
MEDICAL	or contributing (M. Mai M	nth Day Yeor 1											
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230	BURIAL, CREMATION				23c. NAME OF	CEMETERY C	OR CREMATORY				(City or T		(Cour	ity)	(State	9)
_	REMOVAL (Specify)	6-	5 -1 968				morial				Chur				Va.	
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VR A15 (4) 30M REV T/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carron papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital ar attending physician.



# 1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	714
HEALTH DEPT		Day Year 2b HOJR
S S & >5	(Type or Print) Charles H. Dan Ley 5	27 1968 P M
≥ CANE	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOLINCED DEAD	2d HOUR
9 52 1	mate white 1/01, 10, 1849 70 vrs	7 Year 1968 3 5, M
De bo	70 BIRTHPLACE (Stole or fore gn 76. CITIZEN OF WHAT COUNTRY) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	,
State D	Country the Charles the 5.4 WIDOWED DIVORCED & Montgin	ered Mc
with St.		126 KIND OF BUSINESS OR
Give ong w	130 USJAL RESIDENCE (Where deceased I ved, if institution Residence before) 13c (IJY OR JOWN) 13d INSIDE (ITYM 152) 13g STREET AND NUMBER	JE 11/11 3/15
hours after Jem Item 18 Give Pl Office along wit 1 and 2 with the S after death.	admission) STATE 7/ 13b. (OUNTY)	al ELO. AVE
em liffice and 2	14 FATHER'S MAME First Middle Last Is. MOTHER'S MA DEN, NAME First Middle	lost
A 5 8 8	Charles F. Lewis. Hadie 75. 2	Mate.
s certificate should be Executed = thin 24 e., writing the word "pending" in pencil in forwarded to the Chief Medical Examiner's used as a buriof-transit permit. Five pages emoval, and in any event within 72 hours	16a WAS DECEASED EVER IN L. S. ARMED FORCES? (Yes, no, or unknown) (If yes give way options of service) ADDRESS: (Yes, no, or unknown) (If yes give way options of service)	14411-1/2012
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e Executed pending" in of Medical E sit permit. I vent within	IMMEDIATE CAUSE (a) Fatty metambrphydis of liver, acute 50/8 DUE TO, OR AS A CONSEQUENCE OF	
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taffii cafe be be	210 EXTERNAL CAUSE WAS 216 TIME OF NJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, In	
	PRIMARY OF CONTRIBUTING HOUR A.M CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e P.ACE OF INJURY (At home form street 21f. LOCATION Street or R.F.D. No. Given Jawo	,
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ro DEPUTY necessary, the funeral 5 may be r o FUNERAL Health prin	NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	
10 To Te	23d BUR AL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	Burial 7-2-1968 Arlington National Arlington Count	V . /
VR A15ME (5)	Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. DATE! UL - 2 1968 250 REGISTRARS SONS AVE.	SIGNATURE
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P P P		NAME (Type)
Pogn 4 may be retained by the homertal or ottending physician of FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transferent be filed with the State Dept. of Health prior to burial, cre	230	
3 - 3	/	Seenoval (Specify) 7-
- (X) =	24	
VR A15 (A)	n	Alley FUNERAL
	100	TICH IUNGKIK

CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution MARYLAND CLENGTH OF STAY IN 16 limits, write RURAL and give nearest town imits. d. STREET ADDRESS e IS RESIDENCE ON A FARM? not in hospitor, give street address) YES NO X Middle Lost 4 DATE 19608 hew; & DEATH AGE (In years 8 DATE OF BIRTH IF HINDER 1 YEAR IF LINDER 24 HRS NEVER MARRIED lest b rthdoy) Manths Doys Hours WIDOWED DIVORCED 10b KIND OF BUSINESS DR 12 CIT ZEN DE WHAT 14. MOTHER'S MAIDEN WIS 16 SOCIAL SECURITY NO 17 INFORMANT tes of service INTERVAL BETWEEN cause per line for-(o), (b), and (c).) ONSET AND DEATH USE (a) DUE TO (b) DUE TO 19 WAS AUTOPSY PERFORMED? VS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) YES T NO | 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port , or Port II of item 18) 2De PLACE OF INJURY (Home, form, (City or town) 2Dd INJURY OCCURRED (County) (Stote) fostory, street, office bldg , etc.) Not While at work ___ of work hospital) attended the deceased from 1962. to_ 19 and that death occurred at _____ M, from causes and an the date stated obove. 225. DATE SIGNED STAFF DIRECTOR PHYS. 22d ADDRESS 23c. NAME OF CEMETERY OR CREMATORY THEREOF 23d LOCATION (City or Town) (County) 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH Middle DECEASED NAME First Last 2a. DATE OF DEATH (Type or print) June Alison Lewis Lauren 3. SEX 4. RACE S. DATE OF BIRTH IF LINDER LYEAR 6. AGE (n years iast birthday) Female White 2 June 1951 7c. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED | NEVER MARRIED country) Maryland USA Montgomery WIDOWED [77] DIVORCED [7] IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) inical Center during most of working life even if retired) INDUSTRY Bethesda 130. USUAL RESIDENCE (Where deceased fived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 3 NO [Laurel 601 South Central Avenue 14. FATHER'S NAME Middle IS, MOTHER'S MAIDEN NAME First Lost First Last Ralph Lewis Margaret L. Short 17 INFORMANT The Medical Record # dessThe Clinical 16b. SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, 89 or unknown) None Center, Bethesda, Maryland 20014 APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY.

Bronch orone is BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6) Bronchopneumonia with probable septicemia weeks DUE TO, OR AS A CONSEQUENCE OF Hodgkin's disease involving spleen, Conditions, if any, which gave) nodes, marrow, pancreas, lung, ureter and liver 21 years rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES X NO [T] 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Ng. City or Town County State While Mat while at work 19 68, ta 22 June 19 60, that AA (we) last 22a. I **certify** that (% (this hospital) attended the deceased from 20 May , 19 60 , ta 22 June , 19 60 , that (%) (we) last sow the deceased alive an 22 June 19 60 , and that in (%) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did att view the bady ofter death. 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 22 June 1968 DEGREE PHYS 22d. PHYSICIAN'S 22e. ADDRESS The Clinical Center, National NAME(Type) Charles M. Haskell, M.D. Institutes of Health Bethesda Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 230 BURIAL, CREMATION REMOVAL (Specific Laurel. Delaware Funeral Homes, Inc., Alexandria, Va. 24. FUNERAL DIRECTOR

and 2 deoth requires that the Leath certificate be executed within 24 hours ofter death. physicion and comple en pleose remove ca signed by the ottending physicion and co burial-transit permit. Then pleose remo burial, cremotion, or removal, ond in ony erached for use os the Dept, of Health prior to O FUNERAL DIRECTOR: After this certificate has been director, page 3

30M REV 1/68



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OR ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death

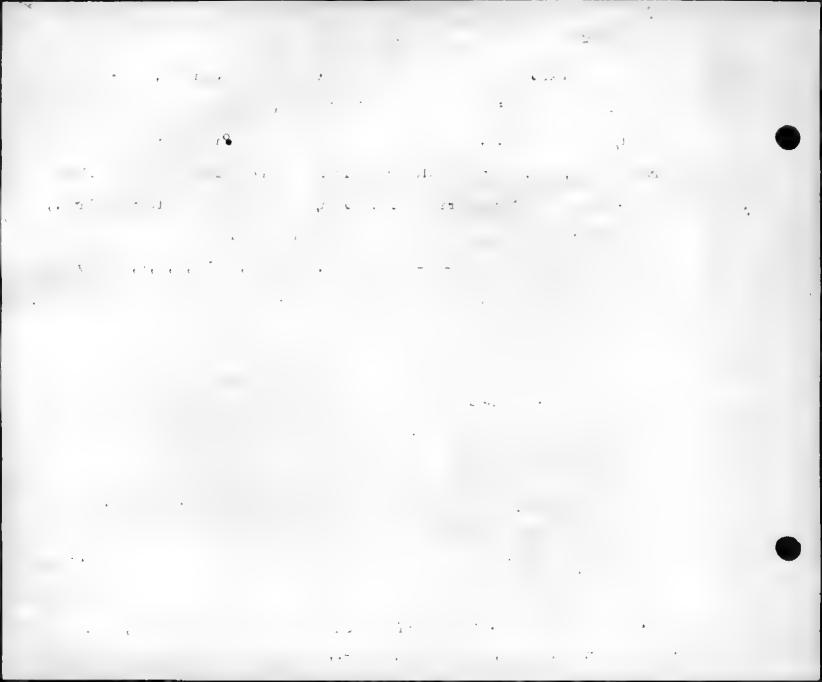
10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages should be filed with the State Dept. of Health priar to burial, crematian, ar remayal, and in any overt, within 72 hours after

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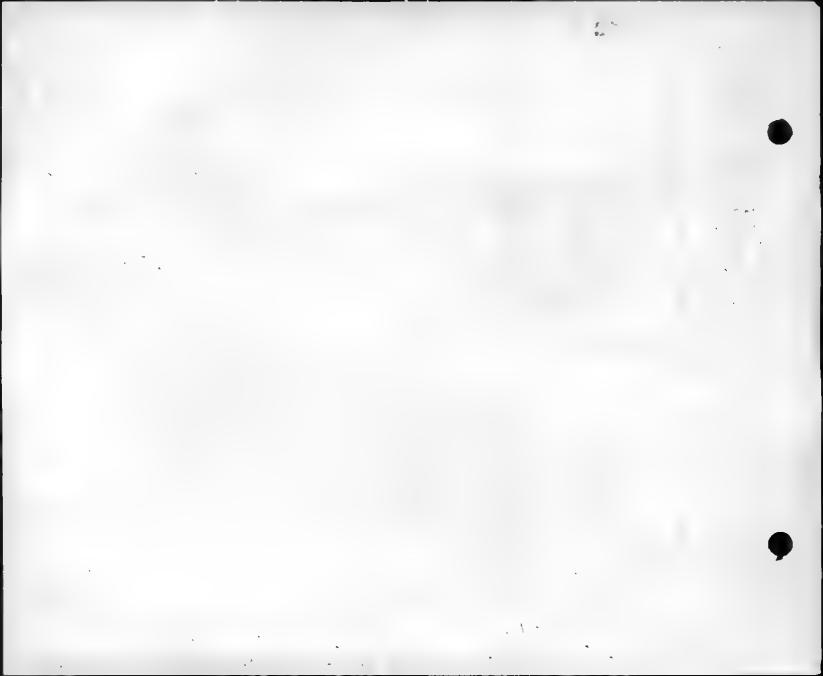
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	CEASED-NAME	First			Middle		Lost		2a.	DATE OF DE				2b. H	OUR
()	ype or print)	Gius	eppi				LiCau	si		June	е ^М ТВ, 1	968	Year		
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CGUI	Italy		U,	S.		WIDOWE	DIVO	RCED 🗍	M	ntgo	mery				М
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4, F	ATHER S NAME	First	Mid	dle	Last		IS. MOTHER'S M	IAIDEN NAME I	First		Middle	à		Lost	
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	WAS DECEASED EVE		NED FORCES?	16b. S	OCIAL SECURITY N	10. 17	. INFORMANT				Addres	S			
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	18. CAUSE OF DEA	ATH /Finter on	ly one rouse				1						APPROXIN	HATE INTERVA	
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	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO, OR AS A CONSEQUENCE OF														
	stating the under	lying couse	DUE TO,	OR AS A CO	INSEQUENCE OF				0						
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	PART Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)														
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CERTIFICATION	4+11-6	8 (Chole	20-40	titus		YES	NO.		CAUSES OF	DEATH?				
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle 20. DATE OF DEATH First Last 2b. HOUR executed within 24 hours after death papers. Rages 1 and 2 hin 72 hours ofter death (Type or print) Month STELLA LONG 3. SEX 5 DATE OF BIRTH 6. AGE (In years IF UNGER 1 YEAR IF UNDER 24 HRS DAYS HOURS Jast birthday) MONTHS FEMALE Det. 31-18 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED country) / WIDOWED IX DIVORCED [MONTGOMERY 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10 CITY OR FOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street ordress) FAIRLAND NURSING Mediting most of work ng. life, even if retired) Own Home move, tarbon SILVER S event, 130. USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c CITY OR TOWN 13d. IRSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b. COUNTY YES 🔯 NITGOMER SILVER SPEING 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle requires that the death certificate be pue pleose physicron 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO INFORMANT Most Mussphy Yes, no, or unknown) (1 yes give war or dates of service) Pennsulvania signed by the attending phy 18 CAUSE OF DEATH (Enter only one cause per one for (o), (b), and (c)." BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial, cremation, or IMMEDIATE CAUSE (a) Conditions, if any, which gave) arcinoma rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been as the 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES . NO X Laminectom for use 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) HOUR A.M. TOR CONTRIBUTING CAUSE OF CEATH Month Day Year P.M. (If either, notify medical examiner) be detoched 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No City or Town (ounty Stote While Not while at work 220 | certify that (1) (this hospital) attended the deceased from... and that in (my) (our) opinion death occurred on the date and hour and from the saw the deceased alive on. , page 3 should be filed with the couses stated above, (1) (we) (did) (did not) view the bady after death 22b SIGNATURE 22c DATE SIGNED DIRECTOR 22e ADDRESS 22d PHYS CIAN S NAME (Type) director, shoul 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Raltimore National Raltimore Manuland 25g. RECD BY REGISTRAR Carter 8434 ADDRISACIA HUE. DATE JUN 1968

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME Errst M.ddle Lost 20 DATE KNOWN (Type or Print) ecclore. DEATH MATED TALLONE IF JINDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 2c DATE PRONOLINCED DEAD 6 AGE (n veors 7a BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Penna. Montgemer WIDOWED [DIVORCED [TO, CITY OR TOWN OF DEATH -11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12e USUAL OCCUPATION (Kind of work done during most of working life even if retired) Dentist Woods Near anglers / All ₹ 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Mentroinery Rockeille 105000-ROCKVille YES NO Office lond 2 Hem after Middle 15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Saul Lundy Bessie Darling forwarded to the Chief Med col Exam ner's poges 160 WAS DECEASED EVER IN U.S. ARMED FORCES? **16b SOCIAL SECURITY NO.** 17 INFORMANBurton L. Hirsen ADDRESS 2704 Murray Av. pencil (Yes, no, or unknown) (if was give wer or dates of service) Bockville Pelice Pittsburgh, Pa. Unknown .5 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) pending" i PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gun Shot Wound of Hezel DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), This certificate should the certificate, writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) removol, 19o, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 4 should be 21b TIME OF INJURY Month, Day Year 210 EXTERNAL CAUSE WAS 3 should PRIMARY NO OR CONTRIBUTING **EXAMINER:** PM JUNE-1719/19 CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCAT ON Street or R.F.D. No. 5 may be retoined for your fit TO FUNERAL DIRECTOR: Page 3 Health prior to buriol, cremo foctory, office building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection 🔀, Notural couses , Accident , Suicide X, the funeral directar Homicide | deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL

2D. AUTOPSY? NO IST 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) . 47 Head 32-cal-Pistol-Stote MacArthur Blud - Potomae - Montgimery Ma Inquiry X and in my opinion Undetermined monner 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** DEPUTY MEDICAL EXAMINER [X] **EXAMINER'S** JOHN G. BALL NAME (Type) ADDRESS(Street, city, town, or county) Bethesda. 230 BURIAL, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Shaare Torah Cemetery Pittsburgh, Penna. 24 FUNERAL DIRECTOR 250 RECD BY REGISTRAR 25b REGISTRAR'S S GNATURE Bethesda, Maryland unternolog Conface

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126 KIND OF BUSINESS OR

Sudden

2h HOUR

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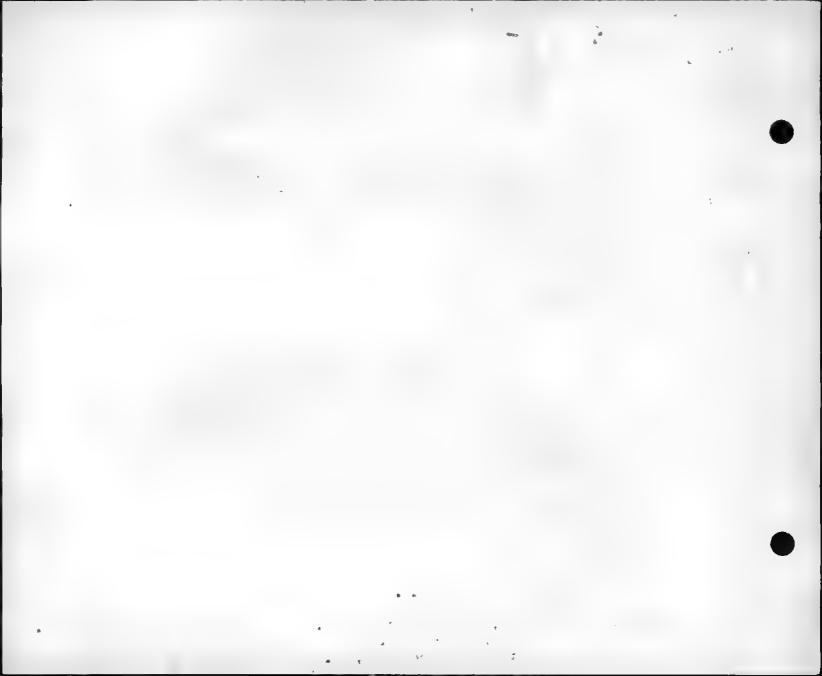




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 18720 CERTIFICATE OF DEATH DECEASED-NAMI First Middle Last 20 DATE OF DEATH 2b HOUR mave carbon papers. Pages Land (Type or print) Month JEAMETTE MARSEE 4 RACE 3. SEX S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR campletely filled in by the v last birthday) DAYS requires that the death certificate be executed within 24 hours after FEMALE WHITE 75. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (State or foreign 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) WIDOWED [DIVORCED [MO JUGOMERY 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 10. CITY OR JOWN, OF DEATH 125 KIND OF BUSINESS OR give street address during most of warking life, even if retired.) INDUSTRY Housekeeper 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 3e. STREET AND NUMBER admission) STATEARYTA TO 13b. COUNTYO " TIPEON THE V YES [36 DAMA SCUS NO T EAST MAIN ST. 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First Middle Zet 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 7 INFORMANI 16b. SOCIAL SECURITY NO. Address Yes no or unknown) (If yes give wor or dates of service) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) signed by the burial-transit p Conditions, if only, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the latter alth priar to b has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO ... YES 🔲 far use Health this certificate be retained by the haspital or 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day PM (If either, natrfy medical examiner) AT HOME FARM, STREET FACTORY \ 21f LOCATION Street or R F.D No. 21d INJURY OCCURRED 2ie. PLACE OF INJURY City or Town County Stole While Nat while at wark TENDING Page 4 may be retained by to FUNERAL DIRECTOR: After 22a. I certify that (!) (this hospital) attended the deceased from 6/22, 19.67, to 6/2-19.61, that (!) (we) last saw the deceased alive on 6/2-19.61, and that in (my) (our) opinion death accurred on the date and hour and from the director, page 3 should should be filed with the couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 50 W. EDMONSTON Daniel Reives I CEEK VICCT M.D. 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) 23a BURIAL, CREMATION (County) (State) Removal (Specify) Middlesboro Cem. June 26,1968 Middlesboro 24. FUNERAL DIRECTOR 1331 RockyPPTE Pike Tyson Wheeler Funeral Home Rockville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

	CEASEU-NAME	Fills	-		Widdle		rosi		ZO. DAIL U	E DEATH			25. HOUR T
(1	ype or print)	VALER:	E		Y.		MARSHAL	L	June	Month 12	Doy	68 Yeor	10:30
l. SE	Х		4. RACE				S. DATE OF B	RTH		6. AGE (In year	ors	IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Female	9		Neg	roid		29	Dec 65		lost pirthday	YRS.	MONTHS DAYS	HOURS MIN.
o 8	BIRTHPLACE (State of	foreign	7b. CITIZEN	OF WHA	AT COUNTRY?	8. MARRIE	D NEVER MAR	RIED	9 COUNTY O	F DEATH			
OUF	Fla.		Ţ	ISA		WIDOWE		RCED 🗀	Mon	ntgomery	Cou	inty.	Mi
D C	ITY OR TOWN OF DE	ATH		33 NA	WE OF HOSPITAL OR INS	TITUTION (I	f not in hospital		L OCCUPATIO	Y (Kind of work	done	125 KIND OF	BUSINESS OR
	Bethesda	a		give st	redisdress	Hosp	ital	during mo	ost of working	Minor	ared.)	Mino	r
30.				nsh tutic	n: Residence before	13c. CITY	OR TOWN	13d. INSIDE CITY LIN		TREET AND NUM	BER		
QIII	ssion) STATE	7a •	136 COU	INI T		Port	smouth	YES NO	_ 170	Mornir	IR St	ide Dr.	
4. [ATHER'S NAME	First	Mil	ddie	Lost		IS MOTHER'S M	AIDEN NAME FI	irst	M	ddle		Lost
		DREW			MARS	HALL		MATTI	E		Ma	ARKS	
160.	WAS DECEASED EVE	R IN U.S ARM			16b. SOCIAL SECURITY I	NO. 17	7. INFORMANT	P	Portsmo	rith, Ve	ress	Father	•)
1	es, no, oz inknown)	In les dus m	7 th Othos Or 20	ntb)	None	A	ndrew M	rshall	109	Morning	Sid	le Dr.	
				per ne	e for (a), (b), and (c).)							IMATE INTERVAL ONSET AND DEATH
	PART 1. DEATH		BY TE CAUSE (o)	CY	ANATIC CO	NCENI	TAL HEA	RT DISE	EASE				
	1464	THURLD OF	, ,		A CONSEQUENCE OF								
	Conditions, if any,		44										
	rise to immediate stating the under		DUE TO		A CONSEQUENCE OF								
	lost.	ying couse)	(1									
	PART 2 OTHER SIG	NIFICANT CON			ING TO DEATH BUT N	OT RELATED	TO THE TERMINA	L DISEASE ORCI	ONDITION GIV	EN IN PART 1(o)	-		
2	154	>											
ATIO	19d DATE OF OPERA	TION 195 (ONDITION F	OR WHI	H OPERATION WAS PE	RFORMED	2Do AUTO	PSY?		F YES, WERE FIN	DINGS CO	NSIDERED IN C	ERTIFYING
CERT FICATION							YES X	NO 🗔	CAUSI	S OF DEATH?			
	210 ACCIDENT WA			IME OF			HOW INJURY OC	URRED (Enter	noture of inj	uty in Port 1 or	Port 2, It	em 18)	
MEDICAL	The control of the co			A.M. P.M	Month Doy Year								
ME	21d INJRY OCCUI	RRED 21e	PLACE OF IN	JURY (AT HOME, FARM, STREET FAC DEFICE BUILDING, ETC.		LOCATION Street	et or R.F.D. No	Çıt	y or Town		County	State
	While I Not who	البات											
	22a. I certify t	that (I) (thi	s hospital)_offe	une the deceose	ed from_	9 May	, 1900	, ta_12	June	_, 19	58 , that	(I) (we) las
	saw the d	leceased al	ive on	<u>ل كتا</u>	une	9 00 6	and that in (m	y) (out) opii	nion deoth	occurred on	the dot	e ond hour	and from the
		oted obove	, (I) (we)	(did) (did not) view the	body affe	er death.				1		
	22b. SIGNATURE				T M D		ATTENDI	NG 🔀 MI	ED.	STAFF		ATE SIGNED	1069
	P.A.		$-\omega$	<u></u>	171.10	• DE	GREE PHYS		IRECTOR	PHYS L		13 June	1900
	22d. PHYSICIAN'S NAME (Type)	D A	ੀ ਹਾਲਾਵਾਂ	TOT	R MC USN		22e. ADI		4tal	Bethesd	o M	700 S	14
0.0	District Control			TOT		CELLETTON		i T HOSD					
230	REMOVAL SPERIFY)	l, 23b	-17-	61	Lincol		OR CREMATORY		ZJd LOCAT	ION (City or Tow Lanta, (Ga.	(County)	(Stote)
24								2So. REC'D BY		John Beldi	CTDAD'S	SIGNATURE -	
24	John T.	Rhine,	3015	12	th st. N.I	E. WD	C	DATE		1968	Clien	SIGNATURE	edge

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had VR A15 (4) 30M REV, 1/68

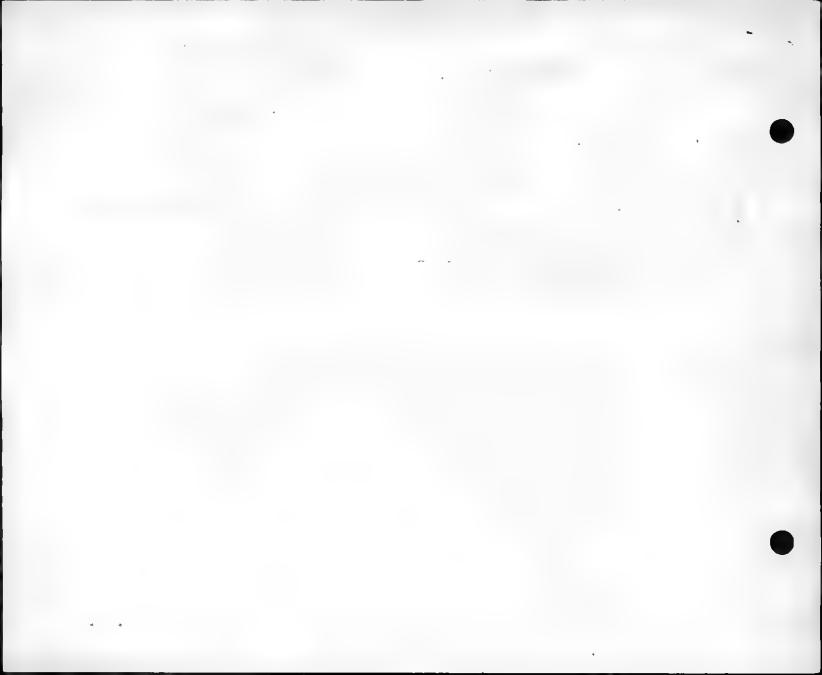
god 2 feath.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital or ottending physician.



VR A15 (4) 30M REV, 1/68

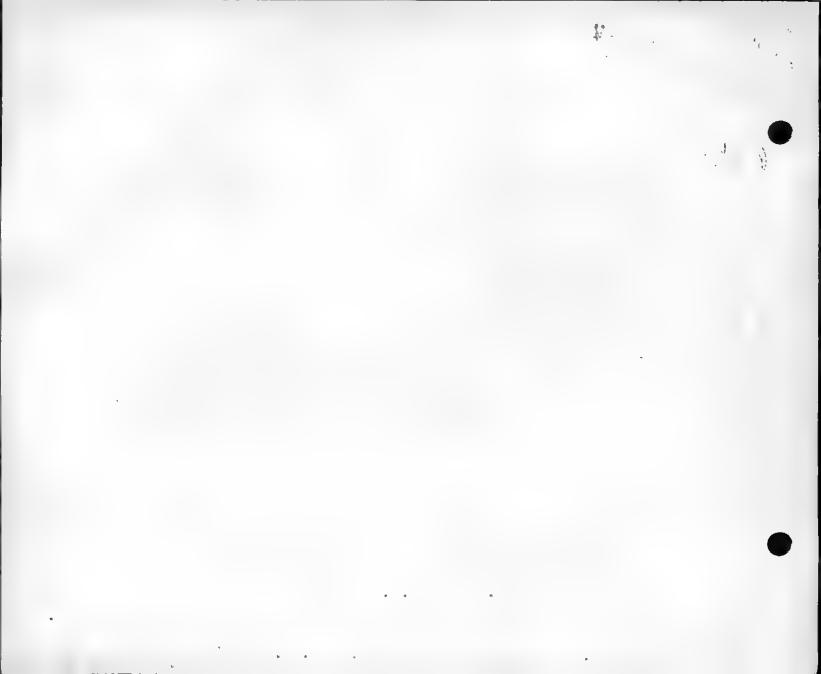


O HOSPITAL Page 4 moy

VR A35 (4)

30M REV 1/68

CERTIFICATE OF DEATH Middle Lost 20 DATE OF DEATH DECEASED NAME 2b. HOUR Manth (Type or print) 6. AGE (In years 3. SEX 4. RACE DATE OF BRITH IF UNDER 1 YEAR IF UNDER 24 HRS last-birthouy) DAYS HOURS MONTHS YRS 9. COUNTY OF DEATH 76 BIRTHPLACE (State or foreign MARRIED NEVER MARRIED DIVORCED [WIDOWED 10. CITY OR JOWN OF DEATH 126 KIND OF BUSINESS OR 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL of working life, even if retired) MOUSTRY 13e STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 136 INSPOR CITY JMITS? admission) 13b. COUNTY YES 50 14 FATHER & NAMI Middle 15. MOTHERS MAIDEN NAME First Middle Lost INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) - (If yes give war or dates of service) APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) Conditions, if day, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 206. IF YES, WERE FINDINGS, CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? CAUSES OF DEATH? YES Z NO T 210. ACCIDENT WAS UNDERLYING 215 TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) 21c HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) (AT HOME, FARM STREET FACTORY,) 21f. LOCATION Street or R.F.D No. 21d INJRY OCCURRED 21e PLACE OF INJURY State City or Tawn County OFFICE BUILDING, ETC. While Not while at work L at work 22a I certify that (1) (this haspital) attended the deceased from. saw the deceased alive an and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATUR 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS PHYS 22d PHYSICIAN'S 22e. ADDRESS-NAME (Type) Bernard Walsh M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 23a. BURIAL, CREMATION Calvary Cemetery Los Angeles, 6/29/68 ADDRESS 25o. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 1968 Pumphrey 7557 Wisc. Ave. Beth. McH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

)		PO ATI		(ERTIFICA	TE OF DEA	TH					
		CEASED-NAME First		Middle		Last	2a.	DATE OF DEATH			2b. HOUR	
	(1	ype ar print) MIRIA	m		me	MAHON		Wave Month	Day	1968	75AM	
	3. SE		4. RACE		S.	DATE OF BIRTH		6. AGE (In ye	414	F UNDER I YEAR	IF JHDER 24 HRS.	
		FEMALE	NEG	s Ro		3/2	0/4/	last birthda	YRS.	ONTHS DAYS	HOURS MIN.	
	70. E		7b. CITIZEN OF WHA		8 MARRIED	NEVER MARRIED	9. CO	UNTY OF DEATH				
٦		RKS ISLAND	-JAMA	11CA	WIDOWED [DIVORCED [] /	nowigom			Md.	
	10. C	ITY OR TOWN OF DEATH		ME OF HOSPITAL OR INS	TITUTION (If not	a hospitol 12a	USUAL OCC	UPATION (Kind of worl warking life, even if re	done	12b. KIND OF B	JUSINESS OR	
-		BETHESDA		DU.	BURBI	410	40456	REEPER		CAPT B	ROCHE	
		USUAL RESIDENCE (Where deceases ssion) STATE	1 19k COUNTY		13c. CITY OR TO		NO L	13e. STREET AND NUN		,	1	
	1	MRYLAND	MONTG		BETHE	5017 7	<u> </u>		ESTL	BARD	HUC	
ì	14 F	ATHER'S NAME First	Middle	Lost	15. <i>i</i>	NOTHER'S MAIDEN N	AME First	M	ıddle		Lost	
	34.	WAS DECEASED EVER IN U.S. ARME	NOW!	16b. SOCIAL SECURITY N	10 117 195	DRMANT	TNO	WN		_		
			ror dotes of service)	ALANE		PETEN A	10- 1021	allact Kill	dress	1-Tau	DIAD	
İ		A CAUCE OF SEATH II		140142	17.7	CEIEN /	15 182	17014 1 ///8-	3/6A	APPROXIM	ATE UNTERVAL	
		18. CAUSE OF DEATH (Enter groy PART I DEATH WAS CAUSED	DW	1					4	BETWEEN ON	SET AND DEATH	
		IMMEDIAT		ntra-alved S A CONSEQUENCE OF	lar ner	orrnage,	pulme	onary, mass	uve	-		
		Canditions, if any, which gave)										
		rise to immediate cause (a), (b) TittOllipocy vo besta										
		stoting the underlying couse	DUE TO, OK AS	uto immune	hemol	tic anem	ia					
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
		TAKE I. OTHER SIGNIFICANT COND	IIIONS CONTRIDOT	INO TO DEATH BOT IN	21 KLONIED TO 1	IIE TERMINAL DISEA	or or conon	ION CITEM IN TAKE I(U)				
	VION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS PER	RFORMED	20a. AUTOPSY?		206 IF YES, WERE FIN	IDINGS CON	SIDERED IN CEI	RTIFYING	
1	CERTIFICATION					YES K	NO 🗍	CAUSES OF DEATH?				
		21a. ACCIDENT WAS UNDERLYING			21c. HOW		(Enter notus	re of injury in Part 1 or	Port 2, Ite	m 18.)	· ·	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine		Month Day Year								
	ME	214 INTERPLACEMENT 216 F	LACE OF INJURY	AT HOME, FARM, STREET FAC OFFICE BUILDING, ETC.		TION Street or R.F	.D. No.	City or Town		County	State	
		While Not while at wark	,	OFFICE BUILDING, EIC.				. (
		22a. I certify that (I) (this	haspital) atte	nded the decease	d from		1968_		, 19_6	that	(I) (we) lost	
		saw the deceased ali causes stated above,	ve an(l) (we) (did) (did not) view the	and 1ر <u>ائے)۔</u> , and 1 hody after de	hat in (my) (au ath.	r) apınıan	death accurred an	the date	e and haut a	nd tram the	
		22b. SIGNATURE	5	/	oddy direi do				22c DA	TE SIGNED	-	
		ACV	1/		DEGREE	ATTENDING PHYS.	MED. DIRECTO	OR STAFF				
		22d. PHYSICIAN'S	2/2	1 - 1		22e. ADDRESS	-			. 0	0 .	
	,	NAME (Type)	Y. L'.	hyers		82	5/2	OLD 650	egeto.	un Ko-	- BEThese	
	230	BUR AL, CREMATION, 23b. DA	ATE CO	23c. NAME OF	CEMETERY OR CE	EMATORY	23 d	LOCATION (City or Tov	vn)	(County)	(Stote)	
		DORY114 6-	14-68	No.	che Ce	ech 6	notes	Webst	L SY	1120,00	DC	
		FUNERAL DIRECTOR		ADDRESS	1	2So. F	REC D BY REG	uttrar 256. REG	ISTRAR'S SI	GNATURE VAL	445	
1		W. W. Cham	Kers	1400 Cl	1 A Pile 5	SVINCE DATE	JUN -	- 1000 /	-	- CO Jan	1	

VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that th⊪ ⊪eath certificate be executed within 24 hours after

Page 4 may be retained by the haspital ar attending physician.

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1 /	AT .		CERTIFICATE OF DEATH
EIV	death.		CEASED-NAME First Middle McLast Last OF DEATH 20. DATE OF DEATH 20. HOUR Month 12 Day 196 Year 1233
er de	2- 5	3. SE	X . 4. RACE . 1 S DATE OF BIRTH 6 AGE (In years FUNDER 1 YEAR FUNDER 24 HES.
affe .	d in by the toers Pages 72 hours afte		Fewale White 50 N. 1917 last birthday) MONTHS DAYS HOURS MIN
haurs	2 5	7a cou	SIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED PAGEVER MARRIED 9. COUNTY OF DEATH
24		Ke	WIDOWED DIVORCED 120. USAL OCCUPATION (Kind of work done 120. KIND OF BUSINESS OR
that the death certificate be executed within 24 haurs aft in.	+ _ = 1	5	Ver Spring Med give street address) Darter Are during most of working life, even if retired) Won Home
ted v	0	13a adm	ISSIAL RESIDENCE (Where directed lived it institution: Residence before 1/3c CITY OR TOWN 13d INSIDE CITY LIMITS? 1/3e STREET AND NUMBER
xecn		14	SSSION) STATE Md. 13b. COUNTMONTGOMERY Silver Springs NO 2424 Dexter Avenue FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Last
pe e	0 - 5	1.4	Robert G. Smith Zula 't Grayson
cate	sician sease and		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO. 17. INFORMANT Address.
ili ili	ing phy: Then presented in the present of the prese		No 577-16-5201 Milton Mc Jahon Silver Spring, 10 10000 Mills INTOVAL
ŧ	attending Irmit. Th		1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
e dec	aften Ilmi In, a		DUE 10, OR AS A CONSEQUENCE OF
Ĕ ±	by the ransit p remation		Conditions, if any, which gave is to immediate couse (0). Sq U am OUS Cell Carcin ama of Cervix 53/4 yrs
s the	tran crei	L	stating the underlying couse DUE TO, OR AS # CONSEQUENCE OF
uire	urial	ı	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
v rec	he b tab	8	1718
e lav	as to prior	FICAT.	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
ir Th	a se te	CERT	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)
CAN	iffica Farantina	MEDICAL	TOR CONTRIBUTING CRUSE OF CEATH HOUR A.M. Month Boy Year (If either, not by medical examiner) P.M. 19
HYSI	s cert achec ept. c	WE	21d. INDRY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street of R.F.D. No. City of Town County State
# P = B	det det te D		ar wark — ar wark —
A P	d be e Sto		saw the deceased alive an 12 description 1968, and that in (my) (our) apinian death accurred an the date and haur and fram the
Tiene	# # # # # # # # # # # # # # # # # # #		causes stated abave, (1) (www) (did) (did-not) view the bady after death.
OR A	e 3 s ed wi		Marton Z. White M DEGREE ATTENDING MED DIRECTOR - STAFF - 12. Jan 68
PITAL	FUNERAL L		22d. PHYSICIAN'S NAME (Type) Mexton L. White 22e. ADDRESS 9911 Georgia Are Spring, Md
O HOSI Page 4	director.	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
5 2	P = ₩	04	REMOVAL (Solety) June 15, 1968 Octobests See Cedar Hill Suitland, Maryland
	VR AM (4) 30M REV. 1/68		FUNERAL DIRECTOR Lee Jw. Iel 8434 ADDRESS Orgia Ave. 250. REC'D BY REGISTRATE 1968 REGISTRATE JUN 18 1968 REGISTRATE JUN 18
			COUNTY STATE COUNTY STATE OF THE STATE OF TH

on L. White

Teephine 12.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

55726 CERTIFICATE OF DEATH 2b. HOURAM DECEASED NAME First Middle Lost 2a. DATE OF DEATH (Type or pont) Henry Alfred McStav June 2:10 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR last bythday) Male White 27 June 1906 70 BIRTHPLACE (Stote or Foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED District of Columbia USA WIDOWED [DIVORCED Montgomery IO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired)
Usual - Plumber Bethesda 130 USUAL RES DENCE (Where deceased lived, if institution. Residence before 113c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER Prince Georges odmission y land 6309 Furness Avenue Oxon Hill YES XX NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Lost Lost P. McStav Thomas Lula Grimes 16b. SOCIAL SECURITY NO. 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT The Medical Recordidatess Yes no or unknown) 579-03-4006 The Clinical Center, Bethesda, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) 72 hours Pneumonia DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) 5 months Bronchogenic Carcinoma rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse 8 months Chronic lymphocytic leukemia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Renal failure 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes YES X NO T 21g ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that 4) (this haspital) attended the deceased from May 13 , 1968, ta June 26 , 1968, that (4) (we) last saw, the deceased alive an June 26 , 1968, and that in (4) (aur) apinian death accurred an the date and haur and from the 1968 to June 20 1968 that A (we) last (causes stated above, (4) (we) (did) (2007)(4) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS.

O FUNERAL DIRECTOR: After this certificate director, Should b

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low requires that the death certificate be executed within 24 hours ofter death

the attending physician and completely filled in By sit permit. Then please remove carbon papers.

or removol,

burial, cremotion,

signed by the burial-transit p

hos been as the

Lee Funeral Home

23b DATE

John W. Keyes,

7-1-68

NAME (Type)

23a. BURIA CREMATION

24. FUNERAL DIRECTOR

Washington, D.C.

M.D.

2So. REC'D BY REGISTRAR

22e. ADDRESS The Clinical Center, National

Institutes of Health, Bethesda, Md.

23d. LOCATION (City or Town) (County) Smitland, Md.

26 June 1968

Washington Natl. Cem.

M D DEGREE

20002

23c NAME OF CEMETERY OR CREMATORY

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uneral,

within 24 hours ofter death.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requies that the soith certificate be

Page 4 may be retained by the hospital or ottending physicion.

MARYLAND STATE DEPARTMENT OF HEALTH

DESIGNATION OF WITH DECORDS

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	00722	ON THE RECORDS,	ERTIFICATE	•	IORE, MIARTEAND 2120	N 90%	27
	ECEASED NAME Type or print)	phine Ellen	10	chian.	20. DATE OF DEATH Month	Doy Year 196	2b. HOUR
3 S	Female 1	4 RACE White	S. DAT	E OF BIRTH	6 AGE (In years		IF UNDER 24 HRS.
4	Pashinston D.C.	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED X N2 WIDOWED	FR MARRIED . 9. DIVORCED .	Montgome		Md
1	city or togen of death	11. NAME OF HOSPITAL OR INS give street address) Kensingtan	CArdens-	Sanitarity.	OCCUPATION (Kind of work d t of working life, even if retir	ed) INDUSTRY	F BUSINESS OR
odn	nssian) STATE Maryland	136 COUNTY ON TROMERY	51 ree S		3 8907- Co	lesville ,	Road
	FATHER'S NAME First	Middle Lost	R	ER'S MAIDEN NAME Firs	t Midd	Bro.	iost SMAN.
160	. WAS DECEASED EVER IN U.S. ARMED Yes, na, or witknown) (If yes give word			241//	Addre		
	IB. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I IMMEDIATE	one couse per line for (o), (b), and (a)	LE le	2000 /0	Caro		CONSTE AND DEATH
	Canditians, if ony, which gove a rise to immediate cause (a).	DUE TO, OR AS A CONSEQUENCE OF	ardie	Die	Corclision	6 d	len
	stating the underlying cause	DUE TO, OR AS A CONSEDUENCE OF	sclora	tie cl	V Doser	p 10	Y
NO.	# .	TIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE T	ERMINAL DISEASE OR CO			/
CERTIFICATION		INDITION FOR WHICH OPERATION WAS PER		AUTOPSY? YES NO NO	20b. IF YES, WERE FINDI CAUSES OF DEATH?		CERTIFYING
MINISTRAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examinet				nature of injury in Part 1 or Pa		
*	While Not while at work of work	ACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, EIC		Street ar R.F.D. Na.	City or Town	County	Stote
	sow the decensed offy	baspival) attended the deceose	9 Gand that	in (my) (our) opini	on deoth occurred on the		t (I) (we) last rond from the
	22b SIGNATURE					22c DATE SUGNED	-

ATTENDING PHYS

22e, ADDRESS 265

DEGREE

NAME OF CEMETERY OR CREMATORY

ÁDDRESS

MED. DIRECTOR

23d LOCATION

STAFF PHYS

(Rity or Town)

(Stote)

(County)

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and camerately filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. For should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 had

22d. PHYSICIAN S NAME (Type)

BURIA., CREMATION, REMOVAL (Specify)

FUNERAL DIRECTOR

23b DATE

VR A15 (4) 30M REV 1/68



Progest and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ingly the funeral **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban page shauld be filed with the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within A Page 4 may be retained by the hospital ar attending physician.

23

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

				CERTIFICA	IL OI DEA			_/	1016	2 CF	
	ECEASED NAME	First	Middle		Last	2a D	ATE OF DEATH		N.	2b. HOUR	
(Type ar pnnt)	-1// ian	B.	M	enaugt)	JUNE	Day A	Year 1968	1.40/AM	
3 51	EX	4. RACE		S.	DATE OF BIRTH		6. AGE (In	0413	OER I YEAR	IF JNDER 24 HRS HOURS MIN	
	F	W	•	17	ec 20,	1886	last birthd	YRS. MUNIE	6 UU5	HOURY MIN	
7a.	BIRTHPLACE (State or for	reign 7b CITIZEN (OF WHAT COUNTRY?	B. MARRIED	NEVER MARRIED		NTY OF DEATH	-			
Cau	ASHINGTON	1.DC U.S.	. A.	WIDOWED [DIVORCED	j /~	10NTG			Md.	
10. (CITY OR TOWN OF DEATH		11 NAME OF HOSPITAL OR II give street address)	NSTITUTION (If not i			PATION (Kind of wo orking life, even if		IS KIND OF I IDUSTRY	BUSINESS OR	
	WHEAT	DN	WHEATON	NURSIN	G HOME	GOV	Temp		500	1. t	
			istitutian: Residence before	13c CITY OR TO		_ / _ 1	13e. STREET AND NU	IMBÉR		Λ	
aam	ission) STATE	13b. COUN	NIT	WASHIA	IGTON YES	NO .	2000 (onn.A	ve	Apt 918	
14	FATHER'S NAME Fire	st Mid	dle Last	1S. A	NOTHER'S MAIDEN N	NAME First		Middle		Last	
1	NO INTO	. AVHILAB	LF		NO INFO	. AVm	ALA BLE				
	WAS DECEASED EVER IN	U.S. ARMED FORCES?	16b. SOCIAL SECURITY	NO. 17 INF	DRMANT			Address			
	Yes, na, ar unknawn),	(if yes give war or dates of servi	578-32-	8604 H	OSPITAL	RECO	ROS				
	T	(Enter only one cruse	per line for (a), (b), and (a		1,				APPROXIN	MATE INTERVAL INSET AND DEATH	
	PART I DEATH W	AS CAUSED BY.	COACK	1 - (+1 : 111 "	a_1 1	110 60		20	a was	
	11019	IMMEDIATE CAUSE (g)			n en e				100	100	
	Canditions, if any, wh	Y Y	OR AS A CONSEQUENCE, O	/)	an Ten	10-1	-0-	ادير	15	chee -	
	rise to immediate co	use (a) (4b)	enerai	T/	70,0,000	The same		22.19	y L-	- June	
L	stating the underlyin	g couse	, OR AS A CONSEQUENCE O	HQ						7	
L	last	, (c)			The Benefit of Block	CO. OD COUDING	Ones to Sept of				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)										
8	, / A				I as a simple in		[001	MINISTER CONTRIB	E0 ED 111 CE	The service Let	
3	19a. DATE OF OPERATIO	N 196 CONDITION FO	OR WHICH OPERATION WAS F	PERFORMED	20a. AUTOPSY?		20b. IF YES, WERE F CAUSES OF DEATH?	ANDING2 CONZID	EKED IN CE	KIIFYING	
CERTIFICATION						NO T					
	21a. ACCIDENT WAS U	w/w/ //	ME OF INJURY		INJURY OCCURRED	(Enter nature	of injury in Part 1	or P ort 2 , Item 1	18.)		
MEDICAL	OR CONTRIBUTING CA			19							
W.	21d INHIRY OCCURRE	D 23a PLACE OF INI	JURY (AT HOME, FARM, STREET, F		TION Street or R	F.D Na.	City or Town	Car	unty	State	
L	White Not while of work		COLLICE BOLOING: ELC.	΄ Λ			0				
		t (I) (this hospitol)) attended the decea	sed from 12	ine!	1952 8	to June	2/19/22	C, that	(I) (-we) last	
	saw the dec	eased alive an	111 220 × 61	_19and t	hat in (my) (et	ss) opinian d	eath occurred o	n the dote or	nd hour o	and from the	
1		d abave, (I) (we) ((did) (did not) view the	e body after de	oth.						
	22h_SIGNATURE	, -4	5 00	Sum	ATTENDING -	→ MED	STAFF I	22c DATE S	SIGNED	1011	
*	Thall	LES J	. Hel week	are DEGREE	PHYS	DIRECTOR		Kins	1 171	1763	
	22d." PHYSICIAN'S NAME (Type)	RHNCI	5 19 H.A	NIVAN	22e. ADD RESS	SIA	SHINE	77000	125	1	
230	BURIAL CREMATION,	23b_DATE		F CEMETERY OK C	EMATORY	23d	LOCATION City of T	gwn) (Co	ounty)	(State)	
	REMOVAL (Specify)	1 4/24/6	68 G/CN	wood (-Car.	a	254.D.	C.			
24.	FUNERAL DIRECTOR	100	// ADDRES	5/30 W	- 2 250.	REC'D BY REGIS	_ 1 .	EGISTRAR S SIGN	ATURE		
1	reple Da	witer I	dos's Elle. C	Wash,	C. DATE	JUN 2	6 1968	galan	s fu	ye.	

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

ш		00			(EKIIFIC	ALE OF	DEATH					
Ī		CEASED NAME	First		Middle		Last		2a. C	DATE OF DEATH			2b. HOUR
L	(1)	ype ar print)	cToRi	12	6.	n	EVN5			June	Day	Year	1250W
3	SE	X	4. RA				S. DATE OF B	IRTH	/	6. AGE (In yellast birthday	ars	IF UNDER 1 YEAR	IF UNDER 24 HRS.
ı	F	EMALE		WHI	TE		4	1/29/	98	lost birthday	YR5.	ACINTHS CIAYS	HOURS MIN.
7	a. B	IRTHPLACE (State or foreig	7b. CITIZ	ZEN OF WHAT	COUNTRY?	8. MARRIED	NEVER MA	RRIED	9. COU	NTY OF DEATH			-
ľ	חנונים	MARYLAN	5	U5.	A	WIDOWED		RCED 🗔	/	noNIgome	ey		Md.
		ITY OR TOWN OF DEATH			OF HOSPITAL OR INS	,	*		JAL OCCU	PATION (Kind of work	dane	126 KIND OF INDUSTRY	BUSINESS OR
L		BETHESD			f address) Sz	BUR	BAN	auring m	nasi ai w	rarking life, even if re	irea)	INDUSTRY	
1	3a.	USUAL RESIDENCE (Where ession) STATE 57. 0F Calum	leceased lived,	if institution: COUNTY	Residence before	13c. CITY OR	LOMN	13d. INSIDE CITY I	LIMITS?	13e. STREET AND NUM		Ave.	No rate
-	_	ATHER'S NAME First		Middle	Last			AIDEN NAME	First		ddle		Last
ı		STE	HEN	D. (BLINES		MARI	ARET	- 7	AMEV			
ľ	16a.	WAS DECEASED EVER IN U.	. ARMED FORC	141 623	SOCIAL SECURITY N		FORMANT			Add	Iress		
ı	Ť	es, no, ar unknown) (III y	s give war or dates o	ol service)		1/2	USP 17	79L 9	EC	PRDS			
ſ		18. CAUSE OF DEATH (En	ter anly one co	use per line fo	ar (a), (b), and (c))		0	/ -	1				IMATE INTERVAL ONSET AND DEATH
l		PART DEATH WAS I	AUSED BY: MEDIATE CAUSE	(a) M	Socar	drai	w	larde	an	1		9da	50
ł		4100		. ,	CONSEQUENCE OF	0	,/	,		2			0
l	Ц	Canditions, if any, which		(b) As	Teno a	cleri	Tic o	ardu	ova	ocular di	sease		
ŀ		rise to immediate couse stating the underlying c		E TO, OR AS A	CONSEQUENCE OF								
ı		last		(c)									
ı		PART 2. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING	TO DEATH BUT NO	T RELATED TO	THE TERMINA	AL DISEASE OR	CONDITIO	ON GIVEN IN PART 1(a)			
l	Z	4201						/					
١	CERTIFICATION	19a. DATE OF OPERATION	196. CONDITIO	N FOR WHICH	OPERATION WAS PER	FORMED	20a. AUT	OPSY?	7	20b. IF YES, WERE FIN CAUSES OF DEATH?	INGS CON	ISIDERED IN C	ERTIFYING
		21a. ACCIDENT WAS UND	RLYING 21	b. TIME OF INJ	IURY	21c. HO	L-M	-		af injury in Part 1 ar	Part 2. Ite	em 18.)	
ı	EDICAL	OR CONTRIBUTING CAUSE		OUR A.M. N P.M.	Manth Day Year								
ı	9	(If either, natify medical a 21d. INJURY OCCURRED			19 HOME, FARM, STREET, FAC ICE BUILDING, ETC.		ATION Stre	et or R.F.D. No	n.	City or Town		Caunty	State
ı		While Nat while at wark		OFF	ICE BUILDING, ETC.	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	any at tarif		,	21070
ı		22a. I certify that () (this hasn	ital) attend	ed the decense	d from.		19./	617.	to 18 June	19 (E that	(I) (ave) lost
ı		saw the deceas	ed alive an	180	un_	9_65, and	that in (n	1y) (9#+) ap	oinian d	leath accurred an	the date	e and haur	and fram the
ł		causes stated o	hove, (I) (w	re) (did) (die	hot) view the l	oady after d	eath.				L		
ı		22b. SIGNATURE	U) 4	la	an 1	25001	ATTEND		MED.	STAFF _	22c. DA	ATE SIGNED	((2
ı		and providence	0 2	100		DEGRI	- 111121		DIRECTOR	PHYS, L	É	<u>9/19/18</u>	28
ı		.22d. PHYSICIAN S NAME (Type)			0		22e. AD	NKE22					
F	32-	DUDIAL CREMATION	Oak Date		23c. NAME OF 6	CHETEN OF	DEMAZORY		102.4	LOCATION (City or Tow	-)	16 march 1	(54.44-1)
ľ	(30	BURIAL, CREMATION, REMOVAL (Specify) remation	23b. DATE	110	Lees					Washingt		(Caunty)	(State) DC
1		remation FUNERAL DIRECTOR	6/20	/_68	ADDRESS			2Sa. REC'D				IGNATURE.	20
		J. Wm. Lee	s Son	s. Co		D.C				4 1968	lian	Les Ju	the .
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VR A15 (4) 30M REV. 1/68

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and empletely filled in the first funeral director, page 3 should be detached for use as the burial-transit permit. Then please compose carbon papers. They are should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 bours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

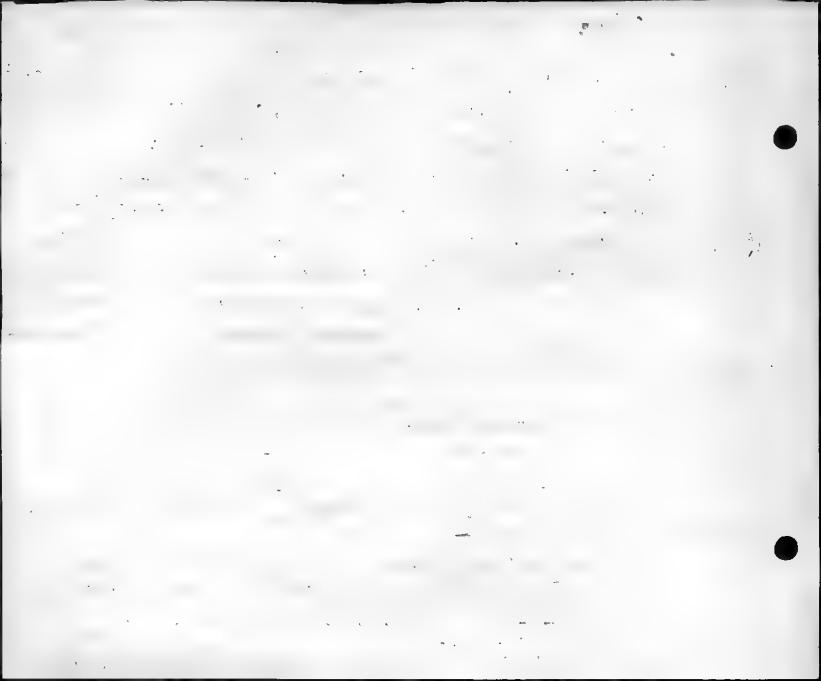
Poge 4 may be retained by the hospital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH DECEASED-NAME First Middle Last 2b. HOURA ease remove carban papers. Pages 1 and 2 and in any event, within 72 haurs after death (Type or print) Charles Moffatt Ray June and campletely filled in by the fur remave carban papers. Pages 1 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER & YEAR last birthday) acuted within 24 haurs afi White Ma1e March 7a BIRTHPLACE (State or foreign 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED X NEVER MARRIED country) WIDOWED [DIVORCED [Kansas America Montgomery 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work dane 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126. KIND OF BUSINESS OR during most of working life, even if retired | INDUSTRY Maintenance Engineer Melpar give street address) Washington Sanitarium Takema Park 13a USUAL RES DENCE (Where deceased lived, if institution, Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY PC uitland Brooks Mary 14 FATHERS NAME Middle IS, MOTHER'S MAIDEN NAME First law requires that the death certificate. Se Moffatt Grossfield Harry Lucv signed by the attending physician burial-transit permit. Then please 16b SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address 515146289 Yes, na, ar unknown) burial, crematian, ar remaval, Navv--LILI APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: Massiv IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF be retained by the hospital ar attending physician. stating the underlying couse 0 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital ar attending O FUNERAL DIRECTOR: After this certificate has been d far use as the of Health prior ta 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES V NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examiner) be detached 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from 1967, 1967, ta 6-26, 1969, that (I) (we) last saw the deceased alive an 6-2-5, 1967, and thown (my) (eer) opinion death occurred on the date and hour and from the 1901 causes stated abave, (1) (wes) (did) (did.not) view the body ofter death. 22b SIGNATURE 22c DATE SIGNED ATTENDING PHYS DEGREE director, page should be filed 22e, ADDRESS 22d. PHYSICIAN'S H. Sandstrom NAME (Type) 7701 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION, REMODAL POTATL 23d LOCATION (City or Town) (State) (County) Altoona, Kansas Altoona Kansas Cemetery 4308 Suitland Rd. SE, Suitland, Maryland 2Sa RECD BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE

1968

VR A15 (4) 30M REV, 1/68



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item23c.d.FilmGlo1 6/17/68km CERTIFICATE OF and 2 death. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Montgomery Maryland 101TGOMERY MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENCTH OF STAY IN 1b Kensington Silver SPRING d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? UNIVERSITY NUTSING HOME 3007 Homewood Parkway ZCON. YES NAME OF DATE First Month Middle Year DF DEATH MAUDE ORGAN JUNE 1968 (Type or print) SEX 6. COLOR OR RACE 8. DATE OF BIRTH ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last Mirthday) Months | Days | Hours | Min. 9, 7. MARRIED NEVER MARRIED WIDOWED 🔀 DIVORCED [TT] 8.5 an 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR .⊆ 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in during most of working life, even if retired) INDUSTRY COUNTRY? Housewife Lowa 11.5. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Jones Sarah Philpott 15. WAS DECEASED EVER INU.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 492-56-9906 Mrs. V. Flannery 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) by the hospital or attending physician. DUE TO Cardio-Vascular Disease Arterioscleratic Conditions, If any, which gava rise to immediate DUE TO cause (a), stating the certificate has be thed for use as the pt. of Health prior t underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY be detached for use State Dept. of Health PERFORMED? YES [NO 13 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) this MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (State) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) After 1 Hour a.m. While at work at work p.m. be retained DIRECTOR: A age 3 should lied with the 5 1967 to TUNG 3 21. I certify that (I) (this hospital) attended the deceased from... ____ 19 68__ that (I) (we) last and that death occurred at 1.55 FM. from the causes and on the date stated above. saw the deceased alive on. 22a. SICNATURE page MED. STAFF PHYS. 1968 ATTENDING June 4 M.D. 4 may 22d. ADDRESS 10620 Georgia Ave. 22c. PHYSICIAN'S NAME (Type) O FUNERAL director, p should be JOHN LAWRENCE Silver Spring, Maryland 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, REMOVAL (Soecify) Inglewood Park 6-8-68 Irglewood, California Burial 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY RECISTRAR | 25b. REGISTRAR'S SIGNATURE itemporate PUMPHREY, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

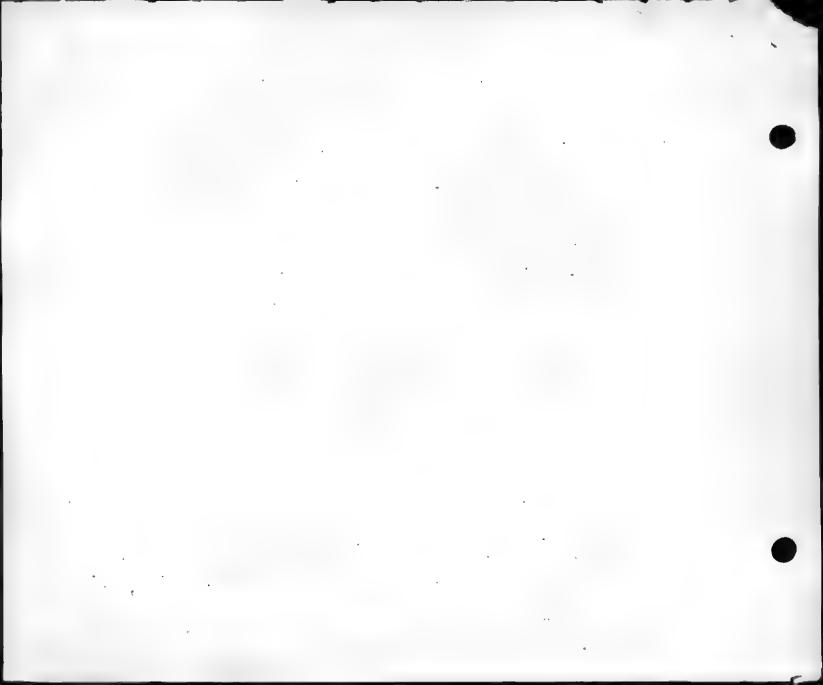
VR A15 (4) 20M 1/65

within

executed

certificate be

PHYSICIAN:



MARYLAND STATE DEPARTMENT OF HEALTH



DEPT. Page

y delay is and 3 ta Department of , E necessary, please execute the certificate, writing the ward "pending" in penct in Item 18 Give Pages, the funeral director. Page 4 shauld be farwarded to the Chief Tedical Examiner's Office along with for 5 may be retained far your files. bical examiner. This certificate whomid be executed within 114 hours after death hours after death Hea th prior to burial, cremation, or removal, and in any event within 72

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVAMINED'S CEDTICICATE OF DEATH

			ISION OF VITAL RECORD	OS, 301 W. PRESTO	N STREET, BALTI	MORE, MARYL	AND 21201		. May 43
-1		00660	MEDICAL	EXAMINER'S C	ERTIFICATE	OF DEATH			* 5 3
-		ECEASED-NAME Type or Print)	First	M. dale	Lost		20 DATE KNOWN	Month D	oy Yeor 2b HOUR
	(1	The dr Filling	ellie 91	alherino	Malle	2	OF ESTI- * DEATH MATED [561	1888 Fram
	3 SE	4 RACE	5 DATE OF BIRTH	6 AGE (In years last birthday)	MONTHS CAYS	IF UNCER 24 HRS HOURS MIN.	2c DATE PRONOUN		Year 2d hour
		conste when	te May 5-18	91 77 YRS			Month	Day	1968 87M
	//a B	BIRTHPLACE (State or foreign	76 CITYZEN OF WHAT COL		IRRIED NEVER MAR		NITY OF DEATH		
1		Vilrena - les	lun USA		7_8	RCED 🔲	sulpone	ry	Md.
7 .	10 €	ITY OR TOWN OF DEATH	give street o	HOSPITAL OR INSTITUTIO	N (If not in hospital		CUPATION (Kind of		6 KIND OF BUSINESS OR DUSTRY
1	13o	LSUAL RES DENCE (Where	deceased lived, funstitution f	Residence before 13c (IT)	OR TOWN 13d	NSIDE CITY JANTS?	13e, STREET AND N	JMBER	
41 h		dmission) STATE Mary	land 13b. COUNTY Man		chirlle	YES NO	bes Blan	Alod Ba	1-4pt-6
	14 F	ATHER S NAME First	Middle (f ost	IS. MOTHER'S MAIL	/		Middle	Lost
	14- 1	WAS DECEASED EVER IN A	ned	Jonace	ST (DESCRIPTION	Louis	ADD		Chonida
				O-46-2252	17 INFORMANT	m 11.		o Moles	Ila Cil
	-	mo	Ma		Mirde J	fluice	N-1050	(Son)	APPROXIMATE INTERVA.
		PART I. DEATH WAS	ter on y one couse per line for CAUSED BY:		1 7 24	25510	~	(0.1)	BETWEEN ONSET AND DEATH
	.	LLING	DUE TO, OR AS A	40 Cardia	1 17)	2/2/10			71 100.
		Conditions, if only, which		FONZIY.	neclusion	sp. Leg	+ Coronary	AMery	482.
		rise to immediate couse stating the underlying co	(0), (<u></u>			, , , , , , , , , , , , , , ,	
		los+	(1)	tordie Va	scular	Diska	5< -		4.013
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMINAL DI	SEASE OR CONDIT O	N GIVEN IN PART I(o)	
	NO	420	101	CANCELLOS CANCELLOS CONTROLLOS	Po L FLOA				Len suroneue
	CERTIFICATION	190. DATE OF OPERATION		CONDITION FOR WHICH OF WAS PERFORMED?	ERATION				20 AUTOPSY?
'	ERTIF	210 EXTERNAL CAUSE WAS	216 T ME OF INJURY	Manth Day Your	21. Hotel helithy oz	TIRRED IT	f	- b-4 B (s-	YES NO
		PRIMARY OR CONTRIBU		10	21c HOW INJURY OC	טאאנט (ניזופי יוסוטי	e or injury in Port i	of Port 2, Item	16)
	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED	21e PIACE OF INJURY (At horr	ne, form, street,	21f LOCATION Street of	r R.F.D. No	City or Town		County State
		WHILE NOT WHILE AT WORK AT WORK	foctory, office building, etc.]				,		,
		22a 1 certify th	nat I took charge of the ret	moins described obov	re, held an Auto	osy 💢 , Ins	pectian 🗶,	Inquiry 🔀,	and in my apinion
		death resulted fro	am: Natural causes 🛭	🐧, Accident 🔲,	Suicide	Homicide 🔲,	Undetermine	d manner [
		ACTUAL	0000	2 00	CHIE	F MEDICAL EXAMINE	R .		
		SIGNATURE	John S. 1.	Sall		STANT MEDICAL EXA	e-math.	22b DATE SIG	2,1968.
2.		EXAMINER'S John	G. Ball			JTY MEDICAL EXAMII RESS(Street, c+ty, tov	- June	June	~, * , * , * ,
		BUR AL CREMATION,	23b DATE	23c NAME OF CEMETER	Y OR CREMATORY	23d	LOCATION (City or	lown) (C	ounty) (State)
		BEWOAT (2becity)	6/5/68	Columbia G	ardens		lington,	Virgini	a
	Γ у 5	son wheeler	Funeral Home-1 Rockville, M		le Pike	250 REC'D BY REG	5 1968	REG STRAR S SIG	

VR A15ME (5) 10M REV 1768

TO DEPUTY



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Page 4 may be retained by the hospital or attending physician.

To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please temave carban papers. Pages 1 and 2 director, page 3 should be detached far use as the burial, crematian, ar removal, and in an event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law equires that the Leath certificate be executed within 21 haum after death.

MARYLAND STATE DEPARTMENT OF HEALTH

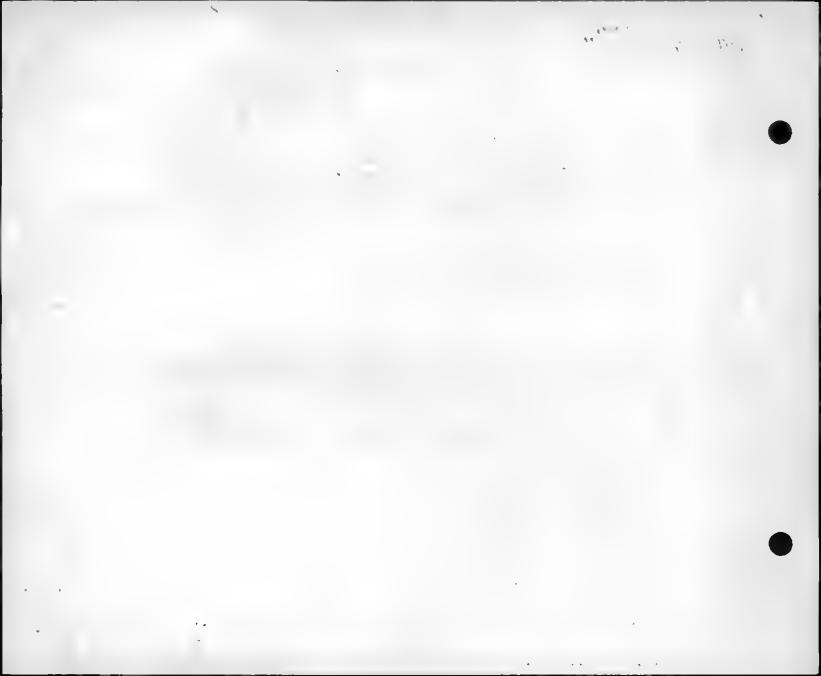
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-			
CERT	TIFICATE	OF DEATH	

	ECEASED-NAME Type or print)	edesich V	Milliam V	Poits be	2a. DATE OF DEATH Month	Day Year 2b. HOUR				
3 . SE		4. RĂCE		S. DATE OF BIRTH	6. AGE (n years last birthday)	WONTHS DAYS HOURS MA				
	male	whi	ti	3/19/	8 80	PRS				
70 E	BIRTHPLACE (State or fore intry) Territor	gn 7b. CITIZEN OF WHAT CO	MORKIL	D NEVER MARRIED	9. COUNTY OF DEATH					
01	N. Dakota	11/14	WIDOWE HOSPITAL OR INSTITUTION (AL OCCUPATION (Kip of work d	go 12b. KIND OF BUSINSS OR				
	Selfesda	give street (Sulvers Sulvers	derinant	ast as wasking the, even if retire	(1) Civil Sauce				
	usual Residence (Where ission) STATE	deceased lived, if institution; R	esidence before 13c. (11)	Asidem YES N	0 5205 B	ener de				
14. 1	FATHER'S NAME	Middle //	45	15. MOTHER'S MAIDEN NAME	First Midd	Lost				
					Lentz	" Same as				
	was deceased ever in the second of the secon	J.S. ARMED FORCES? yes give war or dates of service) 7	9-56-2912	Mrs.Caro Mil	ter Addre Ller Gallahen	Item 13.				
	18. CAUSE OF DEATH (E	inter only one cause per line for	(o), (b), and (c).)		,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
	PART 1. DEATH WAS	CAUSED BY. MMEDIATE CAUSE (0)	eumonia	organian a	euch.	24 Rown				
	Conditions, it orly, which gave (b) adenoracinoma metastatic widespread									
	rise to immediate caus stating the underlying	couse DUE TO, OR AS A C	ONSEQUENCE OF	siteopor	you enterous					
	last.	(c)	<u>-</u>	6	0					
	PART 2. OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)					
NO	1 / / c 19a. DATE OF OPERATION	Tack completion for human of	PRINTING WAS DEPLOYING	Lon- AUTODOVO	SOL IF MED WEDE EMON	NGS CONSIDERED IN CERTIFYING				
CERTIFICAT		196. CONDITION FOR WHICH OF		20a. AUTOPSY? YES NO	CAUSES OF DEATH?					
SICAL CE	21o. ACCIDENT WAS UNIT OR CONTRIBUTING CAUSE (If either, notify medical	E OF DEATH HOUR A.M. MO	RY nth Day Year	HOW INJURY OCCURRED (Ente	r nature of injury in Part I ar Pa	rt 2, Item 18.)				
ME	21d. INJURY OCCURRED While Not while at wark	218. PLACE OF INJURY (AT HO		LOCATION Street or R.F.D. No	City or Town	Caunty State				
	22a. I certify that	(I) (this hospital) ottender	the deceosed from_	3-25, 19 !	58 , to 6-25-	, 19_68_, that (I) (we) la				
	saw the decea	sed olive an 6= obove, (I) (we) (did) (did	<u> 25 – 1968, c</u>	and that in (my) (aur) ap	inion death occurred on th	e date and hour and fram th				
	22b. SIGNATURE	is nahile	14.D. DE	GREE PHYS. 🔑 [MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED				
	22d. PHYSICIAN'S NAME (Type)	LEWIS N. CAH	ILL		5411 W. Geda Bethesda, Ma					
	BURIAL, CREMATION,	23b DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)				
	Buriat (Specify)	6-29-68	Parklawn	Cemetery	Rockville,					
	FUNERAL DIRECTOR OBERT A. I	PUMPHREY, Be	thesda, Ma	ryland 2Sa. RECD I	PY REGISTRAP 1968 25b. REGIST	RAR 5 SIGNATURE				



W Wash D.C 20016



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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 and 2 shauld be titled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any eyent, within 72 haurs after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after a

Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

	DECEASED-NAME First Middle Lost 20 DATE-OF DEATH (Type or print) MARY FIRST MIDDLE AREA Month (Type or print)	Doy 30 Yeor S CA M									
L	SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years	IF UNDER 1 YEAR IF UNDER 24 NRS.									
	Euhito Sept. 9, 1887 80 birthday) YR	MONTHS DAYS HOURS MIN.									
7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH										
tu	New York U.S. WIDOWED DIVORCED Montgomery	Md									
10.	I CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired. 3719 Kenilworth Drive during most of working life, even if retired.										
130 odr	to. USUAL RESIDENCE (Where deceased lived, if institution? Residence before 13c, CITY OR TOWN LIBILIES LIVED IN LIMITS? 13e, STREET AND NUMBER	worth Drive									
_	4 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last									
	Matthew M. Adams Mary Burns										
160	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. or unknown) (Hyes give war or deles of serves) 079-05-4586D Agnes Nuttell Same a	as Item 13.									
F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH									
ı	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Magcardis/ -/21/010										
Н	4/29 DUE TO, OR AS A CONSEQUENCE OF										
1	(conditions, if any, which gave) (b) Ar horiosclarosis - coronary										
Н	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF										
П	lost (i) Generalizat Información										
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(0)										
NOE	7 & C. 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING									
CERTIFICATION	None None YES NO W CAUSES OF DEATH?	- CONSTRUCTION OF CONTRACT									
	and the state of t	2, (tem 18.)									
MFDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor										
W	21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT NOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No City or Town of work	County State									
	22a. I certify that (1) (this haspital) attended the deceased from 4334, 19 ta 6/22,	19 68, that (ID) (we) last									
	saw the deceased alive on	date and haur and from the									
	226 STGRATURE S. Clandram DEGREE ATTENDING DIRECTOR DIRECTOR PHYS	C SO GO									
	22d. PHYSICIAN'S LOHN B. UMHAG 8805 Com. Ave. Ch.	on Chase Ms									
	Bura. (REMATION. REMOVA. (Spec fy) 7-3-68 23c NAME OF CEMETERY OR (REMATORY 23d LOCATION (City or Town) 3d Silver Spring 23d LOCATION (City or Town) 23d LOCATION (City or Town) 3d (County) (Stote)										
	4. FUNERAL DIRECTOR ADDRESS 250 REC'D BY REG STRAR 25b REGISTRA										
R	OBERT A. PUMPHREY, Bethesda, Maryland DANUL - 5 1968 JCha	rles Judge									



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond campletely filled in by the directar, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages bayed be tiled with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs.

201 W PRICTON CIRET RAITIMORE MARYLAND 21201 DIVISION OF VITAL PECOPOS

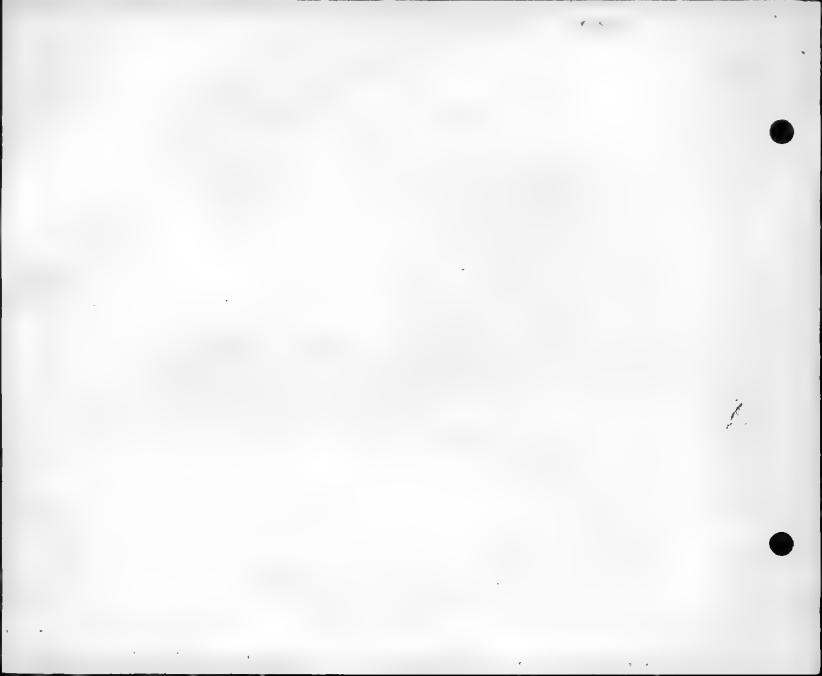
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		00732	717131313131313131313131313131313131313	CI	RTIFICA	ATE OF	DEATH	, and the	MAKTER	110 21201		+
		CEASED NAME (ype or print) AN	NUEL	Middle		Lost	~	20. D	ATE OF DEATI	Month 1 1/Do	оу 1968 ог	2b. HOUR
	3 SE	MALE	4. RACE	175	- 1	. DATE OF BII		889	7 6. At los	GE (In years burthday) 7 9 YRS	IF UNDER 1 YEAR MONTHS DAY	
		BIRTHPLACE (State or fore gn 1777)	で、CITIZEN OF WHAT (し, る, 人		MARRIED WIDOWED	NEVER MARI	RIED		TONT	11 60M	ERY	Me
/-	71	9 KOMA TACK	avy stree	OF HOSPITAL OR INSTI t oddress) 5145547W.	or Ho	30	during mo	st of wo		of work done ven if retired.)	INDUSTRY	OF BUSINESS OR
_	odmi	USUAL RESIDENCE (Where deceased ission) STATE	13b. COUNTY		3c. CITY OR T SILVERS		AES NO			NO NUMBER	170511	CEET
			Middle CNOWA				IDEN NAME F		Nou	Middle		Lost
	160. Y	WAS DECEASED EVER IN U.S. ARME es, no, or unknown) (If yes give wor	or dotes of service)	o. social security no 79-40-8		ORMANT 5/105	Poses	JBE	ec, S	Address		
		18. CAUSE OF DEATH (Enter only Part I. Death was caused Immediat		(a), (b), and (c).)	tur	e k	cari	۷.)	Lac	Cura		OX.MATE INTERVAL N ONSET AND DEATH
		Conditions, if any, which gave trise to immediate couse (a),	DUE TO, OR AS A	CONSEQUENCE OF	24 -	mo	m f p	lie).	C 8/	(5445
		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION						rele	roal			
	CERTIFICATION		ONDITION FOR WHICH			200. AUTO	NO 🔲		CAUSES OF D			CERTIFYING
	MEDICAL C	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	r) HOUR A.M. M	lonth Doy Yeor				noture (of injury in f	art 1 or Port 2,	, Item 18.)	
		ot work - ot work	LACE OF INJURY (AT POPP)			/	t or R.F.D. No.	17	City or To		County	Stote
		22o. I certify that (I) (this sow the deceased all courses stated above,	hospital) attend ve on (did) (dic	ed the deceosed 2.19 I not) view the bo	dy ofter de	thot in (m)	/) (our) opi	nion de	o ccur	red on the d	9 <u>८०</u> , the lote ond hou	ot (I) (we) los ir ond from the
		22b. SIGNATURE	Virns	tein	7 LOEGRE	ATTEMPTA	IG - M	IED.	STA PHY	FF 🗖 220	DATE SIGNED	68
			VIRNST				RESS 33/1-	- 16	- N	w. L	N454.	DIC
	J		ate -13-1968	23C NAME OF CE				Copy		TE/GHT		(Stote)
		FUNERAL DIRECTOR OLDCIECE FOREIGN	HOME 4	217 9740	5-10.	w.	2So. REC'D B'	4	7 1988	Sb. REGISTRAR	'S SIGNATURE	noig.



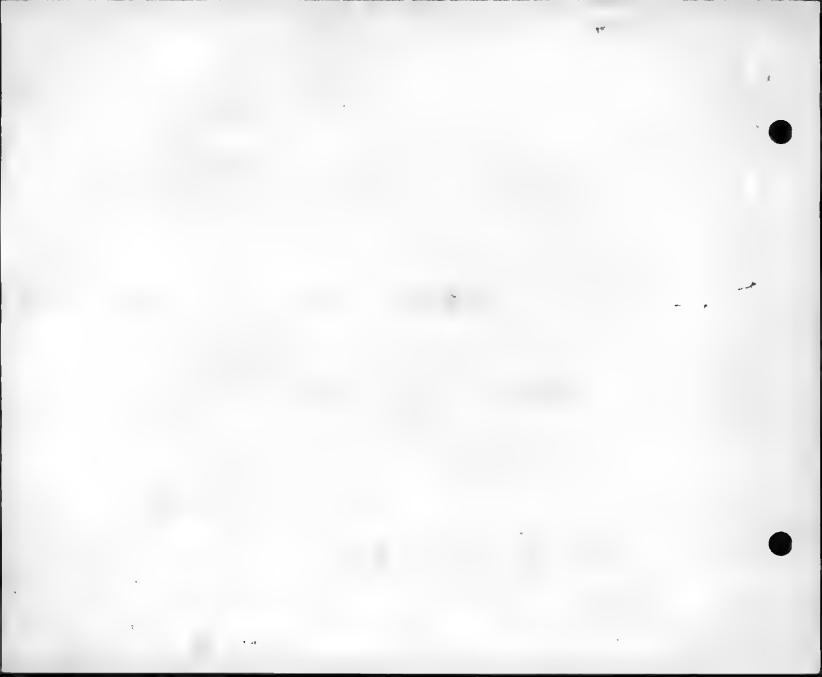
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 J8738 CERTIFICATE OF DEATH DECEASED-NAME Farst Middle 20 DATE OF DEATH Lost 2b. HOUR (Type or print) SHEA the attending physician and completely filled in by the fur ist permit. Then please remove carbon papers. Pages I matian or removal, and in any exact, within 72 hours after requires that the death certificate be executed within 24 haurs after 3. SEX A RACE 6. AGE (In years IF UNDER I YEAR IF LINDER 24 HRS. MONTHS OAYS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED country) WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 1267 KIND OF BUSINESS OR during most of working life, even if retired.) 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before, 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER mary 14 FATHER S-NAME burial, crematian, or removal, and in any IS MOTHER'S MAIDEN NAME First 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT [(if yes give wor or dates of service) Yes, no, or Unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c))
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a), signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART-2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital or attending Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been d for use as the af Health priar ta 19a DATE OF OPERATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES [210 ACCIDENT WAS UNDERLYING 23c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) should be detached (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town State While Not while Caunty of work at work 22a. I certify that (I) (this haspital) attended the deceased from..... 4-16 to saw the deceased alive an 6-2 _1962_, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 should be filed v DIRECTOR PHYS 22e. ADDRESS NAME (Type) J. Blaine Fitzgerald 23c. NAME OF CEMETERY OR CREMATORY 23g BUR AL CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVALISPELLI Parklawn Cemetery 6-5-1968 Rockville. Montgomery Co. Gawler's Sons, Inc., ADRESS O Nisc. Ave 250 RECD BY REGISTRAR 2Sb. REGISTRAR S STGNATUR 30M REV. 1/68 1968 DATE W. Wash D.C. 20016

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2a. DATE OF DEATH 1. DECEASED-NAME First Middle Last 2b. HOUR death. puo (Type or print) Month omas after 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS CIAYS HOURS 906 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 🔀 NEVER MARRIED 🗌 countred DIVORCED | WIDOWED | requires that the death certificate be executed within 24 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired) give street address INDUSTRY SAFEWA Sda Sales man 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE EITY LIM TS? 13b COUNTY YES [NO 608 remove enn 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First last 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address/ Yes, ng. ar uphribwn) Ę 18. CAUSE OF DEATH (Enter only one couse per line for (a).
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH 5 IMMEDIATE CAUSE cremation, DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) **burial-transit** rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIE ALT CONDITIONS CONTRIBUTING TO DEATH BUT, NOT RELATED TO JOE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) prior to os the hos been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO [YES [O FUNERAL DIRECTOR: After this certificate 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) for CAUSE OF OEATH HOUR A.M. Month Day Year P.M (If either, natify medical examiner) detoched (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Not while at work 22a I certify that (I) (this hospital) attended the deceased from. (and that in (ply) (our) apinian death accurred on the date and havr and from the saw the deceased alive causes stated phave. (1) (we) (did) (dig pat) view the body after death. 22b SIGNATUR 22c DATE SIGNED ATTENDING director, page 3 should be filed v DIRECTOR PHYSICIAN'S NAME (Type) C Macon Robert 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 23a BUR AL, CREMATION, REMOVAL TSPECHO) (County) (State) June 68 National Memorial Park Falls Church. Virginia 25o. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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PLACE OF DEATH
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monio
b CITY OR TOWN (If
write RURAL and g
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3. NAME OF
3. NAME OF DECEASED
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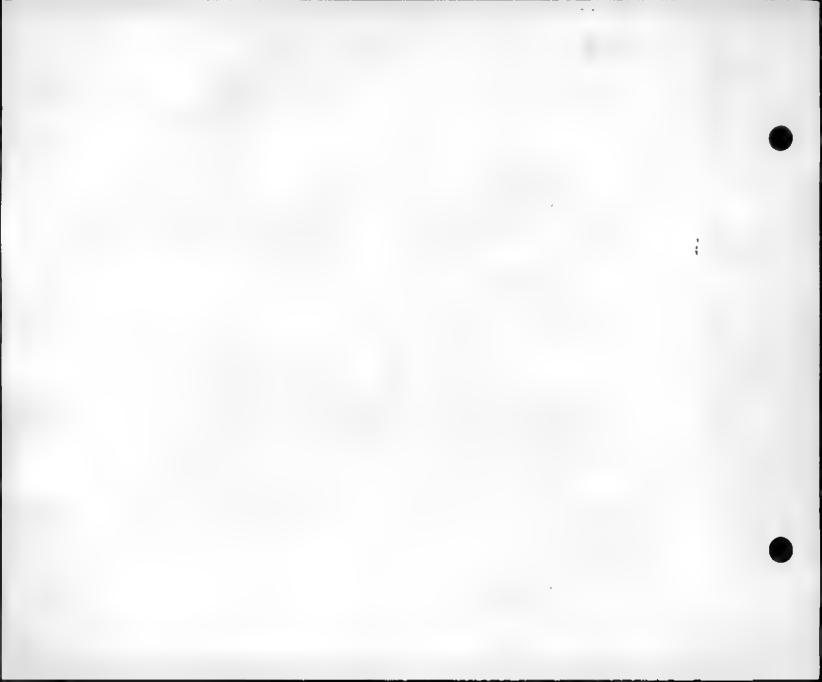
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the hospital ar attending physician.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH

7.00									
1 PLACE OF DEATH a. COUNTY	2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission)								
monigonery MARYLAND	o state b county Maryland Montgomery								
b CFTY OR TOWN (If ourside corporate limits, c LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn)								
write RURAL and give negrest town)	Brookville								
d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADDRESS e IS RESIDENCE ON A FARM?								
Potomac Valley nevering Home	YES NO ST								
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year								
(Type or print) Yray	nead DEATH Owne 13 1968								
	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Min								
Female Carcasian WIDOWED DIVORCED	3-38-48 /0 ALZ								
100 LSUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Stote, or foreign country) 12 CITIZEN OF WHAT COUNTRY?								
housewife own home	Frederick Co. Md. U.S.								
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Thomas Cleavenger	Lulu Hardesty								
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 I	NFORMANT Address								
(Yes, no, or unknown) (If yes give wor or dotes of service) 219-54-7797 Mi	llard C.ONeal, Brookville, Md.								
18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))	INTERVAL BETWEEN								
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) SASILAR F.	ARTERY THROMBOSIS LYSETAND DEATH								
DUE TO DE TO	Marion Compacin								
Conditions, if only, which gove) (b) EREBRAL. HETERIOSCLEROSS. YRS									
rise to immediate couse (a), storing the underlying couse DUE TO									
Storing the underlying couse (c) (DEN'L FATERIOSCLEROSIS PS.									
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19 WAS AUTOPSY PERFORMED?								
ANTERIOR and POSTERIOR MY 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING COLUMN OF COL	VOCARDIAL INFARCTION YES NO 12								
206. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Port I or Port II of Item 18.)								
	CE OF INJURY (Home, form, 20f (City or town) (County) (State)								
Hour o.m. p.m 19 While of work of work	ory, street, office bldg., etc.)								
21 1 certify that (1) (this haspital) ottended the deceased from	PIAECH 1965 to 13 June, 1968, that (1) (we) lost								
saw the deceased alive on 12 JUNE 1968, and that	t deoth occurred of S.P. M, from Guses and on the date stated obove.								
220 SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED								
Londa L. (airs M)	PHYS. DIRECTOR PHYS D 13 A une 68.								
22c. PHYSICIAN'S NAME (Type) DONALD P. LEWIS	22d. ADDRESS								
NAME (Type) LIONALD F. LEWIS	700 CLOVERLY ST SILVERISPR. ML								
230 BURIAL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR	CREMATORY 23d LOCATION (City or Town) (County) (Stote)								
burial 6/16/68 Lutheran Cemetery Middletown, Fred., Md.									
24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256 REGISTRAR SIGNATURE Gladhill Company, Middletown, Md. 211N 1.8 1968									
Gladhill Company, Middletown,	Md. DATE JUN 1.8 1968 Cliarles Judge								

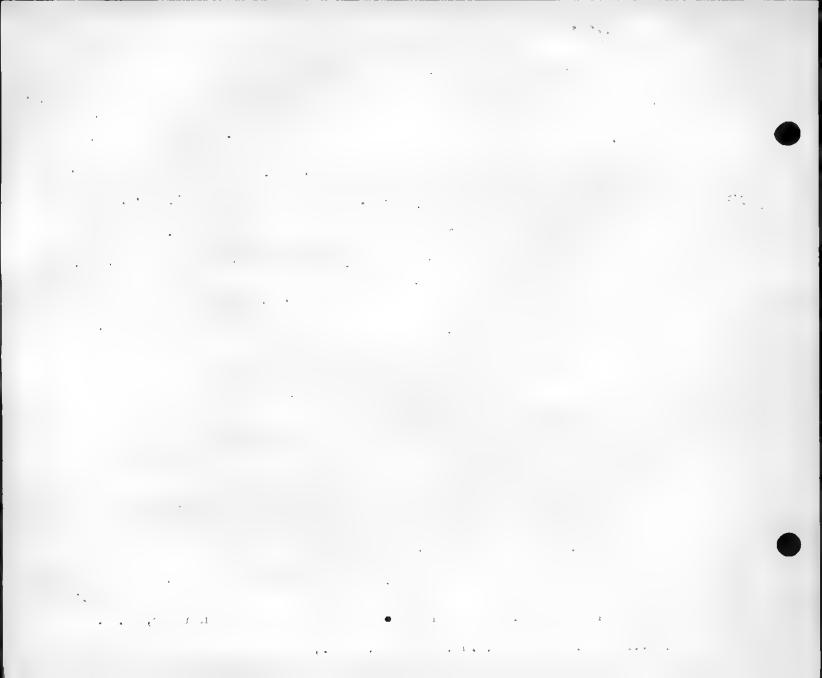


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-	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
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	£ 12%		CEASED-NAME	First	Middle		Lost	20. DATE OF DEATH	2b. HOUR	
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	草	3. SE		4 RACE		S	DATE OF BIRTH	6 AGE (In years lost britings) 77	IF JINDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	
	s of the state of		temale	Cava.			Dec 30,	1894 74 YR	S. MONTHS 19413 MOURS MIN	
	100 and	7o E	IRTHPLACE (Stote or foreig		1 INANCILU I I ILLUK INAKKIEU KANTA					
U			Indiana		A.	WIDOWED [DIVORCED [Montgomer	Md.	
			ITY OR TOWN OF DEATH	11. NAM	E OF HOSPITAL OR JNS et oddress)	TITUTION (If not in	n hospital 120. USU	AL OCCUPATION (Kind of work don-	12b KIND OF BUSINESS OR	
	ed within pletely (ill carbon ent, withi		ery Chase	TXE1	HESIM SOL	UNG WUI	RSING HOME	iost of working life eyen if retired	12b KIND OF BUSINESS OR INDUSTRY, T. RET.	
	ed car	13o odmi	USUAL RESIDENCE (Where of ssion)SIATE	deceased lived, if institution	: Residence before	13c CITY OR TO	and the same of th	~ ~	N.W.	
	executed with		DIC					100	andywine St.	
	and rem	14	ATHER'S NAME First	Middle	Lost	15. M	OTHER'S MAIDEN NAME	First (Myddle	Lost lost	
	ase of the state o	16		es c	WEN	io la me	HNNIF	- LIW00	DBURN	
	The low requires that the death certificate be executed within 24 attending physician. has been signed by the ottending physician and completely (illest as as the burial-transit permit. Then please remove carbon cape the prior to burial, cremotion, or removal, and in any event, within 24.		WAS DECEASED EVER IN U. es, no, or unknown) (h ye	termon to dotter at consent	6b. SOCIAL SECURITY I Unknown		TELL!	NEW SAME	AS ITEM 13,	
	certi p ph hen nov					1	11	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one couse per l'ine far (o), (b), onf (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF							hors	2 WEEKS		
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF								1 .		
	the continuation		Conditions, if ony, which	gove)	Trell	ial (Irllio	sclerosis	TUDEFINITE	
	hat n. ny fl ons rem	rise to immediate couse (a). Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF								
	physician. signed by the burial-tronsit burial, cremot		lost	(c)						
	phy phy sign surre		PART 2 OTHER SIGNIFICAL	NT CONDITIONS CONTRIBUTE	IG TO DEATH BUT N	OT RELATED TO TH	HE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)		
	v re mg to	×								
	G PHYSICIAN: The low re the hospital or attending r this certificate has been detoched for use as the te Dept of Health prior to	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?	A CAUSES OF DEATING	S CONSIDERED IN CERTIFYING	
		RTIE					YES NO 🔀			
	IAN: Tall or ficote for US		210 ACCIDENT WAS UND		Mury Month Doy Yeor	21c HOW	INJURY OCCURRED (Ente	er noture of injury in Port 1 or Port	2, Item 18.)	
	YSICI, ospite certification of of	MEDICAL	(If either, notify medical	exominer) P.M	19					
	S PHYSIC the hosping this certification of the performance of the perf	×	21d INJURY OCCURRED While Not while	210 PLACE OF INJURY (A	I HOME FARM STREET, FAC FFICE BUILDING, ETC	TORY.) 21f. LOCA	TION Street or R.F.D. No	city or Town	County State	
	by the host that this cell be detached State Dept		of work — of work —	2 414 5 4 8			119			
22a. I certify that (I) (this hospital) attended/the deceased fram > 1.7, 19.00, to 19.00, that (I)									1966, that (I) (we) last	
	the the		causes stated o	bove, (I) (we) (did) (d	id nat) view the	body after dec	oth.	mon death occurred on the	4 I	
	A Short and a shor		226 SIGNATURE	1.377	11/2/10	(Day)	ATTEMPING	MED STAFF	CC DATE SIGNED	
	ntal OR ATTENI may be retained RAL DIRECTOR: A page 3 should be filed wrt the		XIII	my 1	UW YUW	DEGREE		MED STAFF DIRECTOR D PHYS.	6/2/68	
	IAI (AI (AI (AI (AI (AI (AI (AI (AI (AI		22d. PHYSICIAN'S HI	ERBERT A. I	MOSKOVIT	() .	22e ADDRESS	9 TH ST. N.W.	WASH D. 20006	
	TO HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed wit th						1 416 1		WASH. Dic, was	
	O HOSPI Page 4 m O FUNER director, should b	230.	BURIAL, CREMATION, REMOVAL/Specify)	23b. DATE		CEMETERY OR CR		23d. LOCATION (City or Town)	(County) (Stote)	
	2-2-"		REMOVAL (Specify)	6-5-68	ADDRESS	Lawn (emetery	Terre Haute	Indiana	
*	VR A15 (4) 30M REV, 1/68		FUNERAL DIRECTOR BERT A. PU	JMPHREY, B		Marvl	and No.		Clanda - U.	
	See. HE 1. 1700	1				,	DAIL	IN h ISHN VC	Colored a Chanda	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle 1. DECEASED NAME First Lost 2a DATE KNOWN 2b HOJR Year (Type or Print) OF EST.-**PALEOLOGOS** ROBERT 168 June 17 4:45P George ö DEATH MATED [Department 6 AGE (n years IF UNDER 24 HRS 3 SEX 4 RACE S. DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR last birthday) Month June Doy 17 7/6/19 Year 68 White 4:45 Male 7a BIRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Michigan USA WIDOWED X DIVORCED [Montgomery after death ID CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) NOUSTRY Restaurant give street oddress) Give Holy Cross Hosp. Silver Spring Restauranteur 13a JSJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. C.TY OR TOWN odmission) STATE Waryland 13b COUNTY ntgomery Sil. Spr 13d INSIDE CITY L MITS? 13e. STREET AND NUMBER YES 🟋 NO 🗌 Sil. Spr. 816 Gist Ave. frem 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME Middle Evangelos Paleologos George Despina E. Lekatis 24 ⊆ haurs 16b SOCIAL SECURITY NO 17. INFORMANT Bro. in law. penc I 6a WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** If we give wer or dates of service) 6-09 Co A.T. Theoharis 816 Gist Ave. S.S., Md. 9 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line sor permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR ASIA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) wr ting the word stating the underlying cause .⊆ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O 19a, DATE OF OPERATION CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A M. cremation, CAUSE OF DEATH 21d INSURY OCCURRED 21e PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D, No. City or Tawn County Stote factory, affice building, etc.) NOT WHILE O AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔽 and in my opinion Natural causes death resulted from: Suicide Homicide Undefermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE **EXAMINER'S** NAME (Type οĔ 23c NAME OF CEMETRY OR CREMATORY BURIAL CREMATION 23d LOCATION (City or Town) (CountyY 20 June 1968 Glenwood Cemetery Washington, D.C. 24. FUNERAL DIRECTOR **ADDRESS** DC 20012 250 REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE Rinaldi Funeral Home, Inc. 7400 Ga. Ave., NW

VR A15ME [5] 10M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0 (6 () (4)		CERTIFIC	ATE OF DEATH		00743
	ECEASED-NAME Firs	st	M⊧ddle	Last	2a DATE OF DEATH Month	Day Year 25. HOUR
	Qim	ranuel		lles	House .	26 1968 85
3. 5	X	4. RACE	_	S. DATE OF BIRTH	6. AGE (in years last birthday)	IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
70 1	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COI	LINTEV2 8	Unknown	9. COUNTY OF DEATH	85.
	ntry) 4	l U	Market [THE TER PRESENTED	Marel as	***
10. (CITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTITUTION (If no	of in hospital 120 USUAI	L OCCUPATION (Kyro af work dar	Md. 12b. KIND OF BUSINESS OR
	Setherde	give street a	ddress)		st of work ng like even if ratire	INDUSTRY
	JSUAL RESIDENCE (Avnere Jece Ission) STATE	osed lived, if institution Re		TOWN 13d. INSIDE CITY LIA	13e STREET AND NUMBER	18
3.4	FATHER'S NAME A First	Greec		. MOTHER MAIDEN, NAME FI	- Juliang	2 Lost
14,	FATHER'S NAME First	Middle	of falles	6 lain		L'AS.
160.	. WAS DECEASED EVER IN U.S. A			NFORMANT	Address	De Tot
١	(es, no of unknown) (If yes giv	ne war or dates of service)	one Z	eace falls	- 402 Kersey	Bel- Selection
	1B. CAUSE OF DEATH (Enter	anly one couse per line for (a), (b), and (c))	11	/	APPROXIMATE IN XVAL GETWEEN ONSET AND DEATH
	PART I, DEATH WAS CAUSE	SED BY DIATE CAUSE (a) Conta	ilant 9	4-12162-1	hege	34.
	4.10	DUE TO, OR AS A CO	INSEQUENCE OF		V	2
	Canditions, if any, which gave rise to immediate cause (a)		1-5 /21. C.0	17 +6.27		4
	stating the underlying cause		INSEQUENCE OF			
	PART 2 OTHER SIGNIFICANT C) (c)	DEATH OUT NOT BELATED TO	THE TERMINAL DISEASE ORGE	OMOUTION COVER IN DART 1/-1	
_	FART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT KEDATED IC	I ILE JEKWINAL DIZEAZE OKEC	SHOULON GIVEN IN PART I(Q)	
AT,ON		b. CONDITION FOR WHICH OP	RATION WAS PERFORMED	20a AUTOPSY?	20b IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING
CERTIFICAT				YES NO 🗗	CAUSES OF DEATH?	
	2 I a ACCIDENT WAS UNDERLY	TIM THE DI HISON	Y 21c HC	OW INJURY OCCURRED (Enter	nature of injury in Part 1 or Port	2, Item 18.)
MEDICAL	(If either, notify medical exa	miner) P.M.	19			
×	21d M.JRY OCCURRED 21 While Nat while	e. PLACE OF INJURY (AT HON	E. FARM, STREET FACTORY.) 21F LC BUILDING, ETC.	CATION Street or RFD Na.	City or Town	Caunty State
	at work at wark			1 10 10 10 10 10	01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	46 11 11 11 11 11
	22a. I certify that (I) (the deceased from		nion death occurred on the	19, that (I) (we) last date ond haur and from the
	causes stated oba		of) view the body ofter o	leath.	nan deom occured on me	adie ond naoi and nom me
	226 SIGNATURE	-/	1 ME DEGR	ATTENDING ATTENDING	ED. STAFF - 2	20 DATE SIGNED
	11 66	E. Cr.	_ DEGR		RECTOR L PHYS L (0/26/68
	22d PHYSICIAN'S NAME (Type) Will	iam D. Aud	(22e ADDRESS 9006 Cole	sville Rd., Sil	ver Spring, Md.
230	BUR AL, CREMATION, 23b	o. DATE	23c. NAME OF CEMETERY OR		23d LOCATION (City or Town)	(Caunty) (State)
		June 1968			Athens, Gree	ce

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physic director, page 3 should be detached for use as the burial-transit permit. Then plantaned be filed with the State Dept. of Health prior to burial, cremation, or removal, or

campletely filled in by the funeral over carbon papers. Pages 1 and 2 iny event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death

Page 4 may be retained by the haspital ar attending physician.

24 FUNERAL DIRECTOR ADDRESS DC 20012 Rinaldi Funeral Home, 7400 Ga. Ave., NW VR A15 (4) 30M REV 1/68

25d REC'D BY REGISTRAP 368



1	J-t	5-68 amedivision of VITAL RECORDS, 30	STATE DEPARTMENT OF H	HEALTH MORE MARYLAND 21201	
FOR STATE		· ·	MINER'S CERTIFICATE (. ~ ? ?
HEALTH DEPT.		EASED NAME First MI	iddie Lost	20 DATE KNOWN X Month	Day Year 2b AQU
15 of of	(melvin Turne	r Parent	OF EST. 6	27 1968 3:2
delay and 3 A3. Pag	3 5		6 AGE (In years 1 F LADER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS 2c DATE PROMOUNCED DEAD	2d Hay
or de		Male White 2=12-10	58 YRS	Hours Month Doy 7	Yeor 1968 3:2
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deoth Poges with fer		Y OR TOWN OF DEATH II NAME OF HOSP	TAL OR THE THE HOSPITOL	120 USUAL OCCUPATION (Kind of work done during most of work ng life even if retired)	12b KIND OF BUSINESS OR INDUSTRY
the d		ilver Spring, Md. 14000 Ga	. Ave. S.S. Md.	Security Guard	Manufacture
s ofter d 18 Give e along w 2 with the death	130	SUAL RES DENCE (Where deceosed lived, if institution, Residentials on) STATE Md. 13b COUNTYPrince	Geo. Hyattsville	The state of the s	lace
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		E	rent	Carrie Louise	Barker
hin 24 nctl in 1 mer's noges 1 hoors		AS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIALS		ADDRESS	
長		, no, or unknown) (If yes give wor or dates of service) 579-1	4-2925 Wife,	Angelina J. Same as #	† 13
-n .= 41 4		18 CAUSE OF DEATH (Enter only one couse per line for (a), (b)), ond (c).)		APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
d be executed of "pending" in Chief Medical Elitable Iransit permit Fy event within		PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute	coronary insuffi	ciency;	
exe andi Me t pe		DUE TO, OR AS A CONSEC	DUENCE OF	4 4	
on pied		conditions, if ony, which gove is to immediate couse (a), (b).	ry artery heart	disease	
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should be execute ne word "pending" to the Chief Medica burial-transit permit) (c)			
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NER: Toertifice hould by lles. should by should by should by should by stion, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M.	19		
(AMINER: te the certified of the certifi	₩ .	Id INJURY OCCURRED 21e PLACE OF IN, JRY (At home, form	n, street, 21f LOCATION Street or	RFD No. Cty or Town	County Stote
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ICAL EXA execute for. Poge ed for you CTOR: Pog burial, cre		22a. I certify that I tack charge of the remains	described above, held an Autop	sy 💢, Inspection 🔀, Inquiry 💢	and in my apinio
bical leose exec director. P stained for DIRECTOR		death resulted from Natural causes 🔼	Acerdent , Sticide ,	Hamicide, Undefermined manner 1	
pleose I director retaine L DIREC		ACTUAL 1/2/1/2/2/	11 (1) 11	MEDICAL EXAMINER	
TY ple y, ple cal di di Cal Di RAL Di prior		SIGNATURE	THE VIEW OF THE PARTY OF THE PA	TANT MEDICAL EXAMINER 22b. DATE S	SIGNED
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ro DEPUTY necessory, the funeral 5 moy be ro FUNERAL Health pri	230		NAME OF SEMEJERY OR CREMATORY		(County) (State)
F F	F	DEMOVAL (Speciful	It. Olivet	Washington D.	
	_	UNERAL DIRECTOR		250, REC D BY REG STRAR 256 REG STRAR S S	SIGNATURE
VR A15ME [5] 10M REV 1/68	F	ancis Gasch's Sons Hyatts	ville, Md.	DATEJUL - 2 1868 JChan	as Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 00745 CERTIFICATE OF DEATH Mrddle Last 2n. DATE OF DEATH 1. DECEASED NAME First 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) JOHN Yeor ARKER None. 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF UNDER 24 HRS. lost birtheay) male 9. COUNTY OF DEATI 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED (NEVER MARRIED) country signed by the ottending physicion and completely filled in buriol-tronsit permit. Illen please remove corbon popers. burial, cremation, or removal, and in any event, within 72 h. DIVORCED [Montann WIDOWED 120 USUAL OCCUPATION (Rind of work done NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 26. KIND OF BUSINESS OR give street address) during most of working life, even if retired,) Takomatar 30. LSUAL RESIDENCE (Where deceased lived, if institution, Residence Metore 113c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER admission) STATE 13b COUNTY YES X sathonethy. Takoma 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Bell 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown? APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (o) AND SCIEROTIC DISHOP DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) attending p ADDER TO FUNERAL DIRECTOR: After this certificate has been as the prior to 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g AUTOPSY? CAUSES OF DEATH? YES 🔲 NO | 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) Poge 4 may be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR AM Manth Day Year (If either, natify medical examiner) PM should be detached 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AY HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D No. State City or Town County While Not while at work 22a I certify that (I) (this hospital) attended the deceased fram— 19.67 to 6-3 19**6**P, and that in (my) (our) opinion death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did not) view the bady, after death. 22c. DATE SIGNED 68 226 SIGNATUS ATTENDING MED. DIRECTOR PHYS

be filed director, p VR A15 (1) 30M REV.

22d. PHYSICIAN S NAME (Type)

230 BURIAL, CREMATION 23b. DATE BREMOVAL (Specify) Lincoln Cemetery FUNERAL DIRECTOR Pumphrey. Inc., 8434 Ga. Ave.

(County)

250. RECD BY REGISTRAR 196856 REPUBLICARY SUCHATURE

22e. ADDRESS



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Jo746 CERTIFICATE OF DEATH 20 DATE OF DEATH Middle DECEASED NAME 2b. HOUR (Type or print) S. DATE OF BIRTH 6/AGE (n years IF UNDER YEAR F JNOER 24 HRS requires that the death certificate be executed within 24 haurs after papers. Pages Nin 72 haurs after completely filled in by the pages MONTHS 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED DO NEVER MARRIED DIVORCED Innoutrance WIDOWED 12g USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR INDUSTRY carbon give street address) work no life, even if retired) Kinda 136. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER ove car 13b. COUNTY YES [14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Last the attending physician and sit permit. Then please remarkation, ar remayal, and in the burial, crematian, ar remaval, and in 16g, WAS DECEASED EVER IN 155, ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no, or unknown) yes give war as dates of service) 70-30-2495 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Aneurysm, ruptured, Circle of Willis 20 days IMMFDIATE CAUSE (a) _ DUE TO, OR AS_A CONSEQUENCE OF, Congenital aneuryam Conditions, if ony, which gove: burial-transit rise to immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) attending p as the prior tal has been 191/1COND TION-SOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION CAUSES OF DEATH? YES A NO F ed far use of Health p O FUNERAL DIRECTOR: After this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2 Item 18.) be retained by the haspital ar 21b. TIME OF INJURY OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day If either, notify medical examiner) 3 should be detached 21d. INBURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark 22a | certify that (I) (this haspital) attended the deceased from 3/ 19 68, and that in (my) (aur) opinion death occurred on the date and hour and from the saw the deceased alive on causes stated abaye, (1) (we) (did) (did not) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF director, page 3 should be filed v DEGREE DIRECTOR PHYS PHYS. 22e. ADD PESS Page 4 may 22d. PHYSICIAN NAME (Type NAME OF PMETERY OR CREMATORY LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE (County) (State) REMOVAL (Spectry) imon & Jude Pa. Blairsville, 25o. REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE FUNERAL DIRECTOR

VR A35 (4) 30M REV. 1/68 hesler Funeral Home



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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sician please	Bug	16a.	WAS DECEASED EVER IN L		SOCIAL SECURITY NO	17 INFORMANT	11/190	Ad	dress	Chas
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ottending phys	or removal,		18. CAUSE OF DEATH (E	nter anly one cause per line	far (g), (b), and (c).)				APPR BETWEE	ROX MATE INTERVAL EN ONSEL AND DEATH
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tend s bis os	ond.	RTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFOR		/	20b. IF YES, WERE FIN CAUSES OF DEATH?	IDINGS CONSIDERED IN	CERTIFYING
or of te bo		®RTIF	21a. ACCIDENT WAS UNI	FRAYING 1215 TIME OF II	IIIIPY I	YES [] 21c. How Trijury Occur	NO I		Part 2 Item 181	<u> </u>
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e it o	2101		22a. I certify that	(I) (this hospital) attendance sed alive an	ded the deceased f	rom Jane Org		ONUMA	1,49 <u>65</u> , th	ot (1) (weet last
ined DR: ould	₽		causes stated	above, (I) (we) (did) (di	d net) view the bod	y after death.	(faor) obumun o	som accorrea on	me agre and not	ent mort ond the
be retoined bulkers of blacks. Af ge 3 should bulkers of the bulkers of the bulkers of the bulkers of the bulkers.	E		22b. SIGNATURE	Tella Vis	1.44	MID ATTENDING	m 49	STAFF C	22c DATE SIGNED	11018
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4 moy be	J De		NAME (Type)	A Mes 7	7. Hoft.		415-G	Well Ticen	Herr	T-WC,
4 H 0.2	Should	23a.	BURIAL, CREMATION,	23b. DATE	23c. NAME OF CEMI	TERY OR CREMATORY		OCATION (City or Tow	(Caunty)	(State)
Fage direct	5 H		REMOVAL (Specify) Burial	_6-8-1968	Gate of	Heaven Cem	etery Si	lver Snri	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Co. Md.
VR AT	371	24.	HNERAL PIRECTOR Gaw.	ler's Sons,	Inc. ADDRESS 30	Uses and 2	Sa. REC'D BY REGIST	RAR 2SE REGI	ISTRAR'S SIGNATURE	***
30M REV	/13/768		N.J. Wash	D.C. 200	16	7	DATELLIN 7	1968	Carles Jan	276

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after	y the fur Pages 1, urs after	3 SE	Female	4 RACE White	S. DATE OF, BIRTH	6. AGE (In years last birthday)	HF JNOER 1 YEAR IF UNDER 24 HRS. MONTHS OAYS HOURS MIN
haurs	in by ers. Pc 2 hour	70 l		76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED NUONCED DIVORCED	9 COUNTY OF DEATH Moy toomeru	W.
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8	nd completely fremave carbon any event, with	13a		d lived, if nshitution Residence before 13b. COUNTY Montgomery	136 CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e STREET AND NUMBER	Street.
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cate	sician or please	16a.	WAS DECEASED EVER IN U.S. ARM	D FORCES? 16b. SOCIAL SECURITY		Address	
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ath ce	attending physician bermit. Then please an, or remaval, and i		PART I. DEATH WAS CAUSED	one couse per line for (a), (b) and (c). BY: (E CAUSE (a)		Metastases	BETWEEN ONSET AND DEATH
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The Ic	e has been use as the alth priar ta	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PE	YES (ZZ)	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
PHYSICIAN: The law requires that the death certificate be exec	certificate has been signed by the attending physican and complete hed for use as the burial-transit permit. Then please remave carbit of Health priar ta burial, cremation, or remaval, and in any event,	MEDICAL CE	21o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. Manth Day Year P.M.	9	(Enter nature of injury in Part 1 or Part 2, It	em 1B.)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.	RAL DIRECTOR: After this cert, page 3 shauld be detached be filed with the State Dept. o	M	at work at work	LACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.			County State
NDING d by	After I d be d e State		22a. I certify that (I) (the saw the deceased ali	hospital) attended the decease	ed from, 9 Sc, and that in (my) (our)	19 <u>6/23</u> , ta <u>6/23</u> , 19 <u>4</u> Popinian death accurred an the dat	e and haur and fram the
E e	Fact the th		causes stated abave,	(I) (we) (did) (did not) view the	bady after death.		
OR A be ret	DIRECT pe 3 sl ed wit		22b SIGNAJURE	enort Gold	DEGREE ATTENDING PHYS	MED DIRECTOR D STAFF D	Z3/68
PITAL 1 may	O FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type) G. Le	innard Gold M.D.	22e. ADDRESS 9801 9	eorgia Avenue Silver	Spring. Md.
HOS	FUNER director, shauld b	23a	BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (Stote)
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	30M REV 128	1.	unen E. Pumphi	cy Inc. 8434 Ga.	Avenue S.S. DATE .	UL - 1 1968 galan	rlas Judge



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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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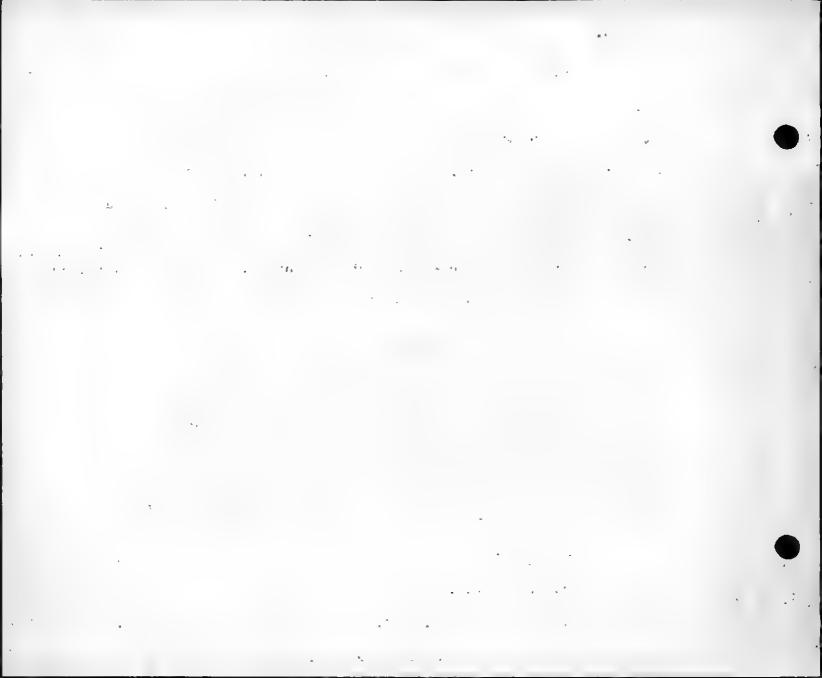
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	es na, or unknown)	1917	-1957		<u>561-54-2</u>	291 1	Mrs. Mi	ldred	L. Po	eppe	r, 2	621	S.	Inge	St.	,
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(III)	190. DATE OF OPERAT	TON 19b.	CONDITION F	OR WHICH O	OPERATION WAS PE	RFORMED	20a. AUT	OPSY?				INDINGS	CONSID	ERED IN CI	ERTIFYIN(G
MEDICAL CERTIFICATION							YES	K NO 🗆	(CAUSES Q	E DEATH?					
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ਤੁ	OR CONTRIBUTING [A.M. M P.M.	anth Day Year			,								
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	Miles and Makeule 1			₹ OFFI	CE BUILDING, ETC.									•		
	22a L certify t	hat (i) (th	ıs hospital) ottende	ed the decens	ed fram	-31-M	19	- 68 ,	0	1 .111	NE. I	9	68 that	Th tw	e) los
	saw the d	ecepsed a	live an	TIN		9_68_, ar	nd that in (n	ny) (our) opi	inion de	eath acc	urred a	n the	date o	nd hour	and fro	om the
	at wark of wark 22a. I certify the saw the discusses state 22b. SICMATURE	ted above	(1) (we)	(did) (dia	not) view the	body ofter	deoth.									
	22b. SIGNATURE	1111	14	7/			ATTEND		AED.		TARE	1 44	C. DMIL	3 GINED		
	100	4/1/		4/		DEG	REE PHYS.		IRECTOR		PHYS. L	X 2	2 10	NE 68)	
	22d. PHYSICIAN'S NAME (Type)	LI	b 112	. w	D		22e. AD	DRESS								
	(Maine (1)pe)	17 .	Ŕ. Hi	х, м.												
23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b.			23c. NAME OF						(City or T			ounty)	(State	:)
		b -	5-68		Arl. N		eme te				ton					
	FUNERAL DIRECTOR				ADDRESS			2So. REC'D B				EGISTRAF				
V	erly-Whe	eatle	y Fur	nerai	Home,	A1ex	k Va.	DATE JU	IN.	4 19	168	you	Lay	Can Do	roger.	_

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on completely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and should be file!! with the State Dept. of "solft prior to buriol, cremation, or removal, and in any event, within 72 hours after death VR A15 (4) 30M REV. 1/68

cated within 24 hours after death

10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or ottending physician.

completely filled in by the funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Bernice Jime Lee PETERS 1968 9:15B 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER YEAR E JE JINDER 24 HRS 6. AGE (In years last birthday) Female 8 NOV 1921 Caucasian 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED T NEVER MARRIED Montgomery Greenville N.C. USA WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Naval Hospital during most of working life, even if retired.) INDUSTRY Bethesda, Md. Housewife 13o JSUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE N.C. 13b. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER Jacksonville YESK NO 🗔 901 Daniel Drive 14. FATHER'S NAME Middle Middle Lost IS MOTHER'S MAIDEN NAME First Last Bunn (None) Mills Daisy H. Bibb 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na grunknawn) AVI (III) 239 24 1554 Ora Peters 901 Daniel Dr. Jacksonville 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY.
Carcinoma Carcinoma of Cervix , with widespread Metastes IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Broncho Pnuemonia signed by the burial-tronsit p burial, cremotic Conditions, if ony, which gove) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(o) as the prior to has been 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [TO FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH Month Day Year HOUR A.M. (If either, notify medical examiner) 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Nat while at wark 24 March 1968__ to 4 June 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive on 100, a . 19_68 , that (!) (we) last , and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (didast) view the bady after death. 22b SIGNATURE 22c. DATE SIGNED M.D. ATTENDING DEGREE 5 June 1968 DIRECTOR . director, poge should be filed PHYS. PHYS Naval Hospital, Bethesda, Md. 22d. PHYSICIAN'S D.N. HOLT NAME (Type) 23d LOCATION (City or Town) 23o. BURIAL, CREMATION, 23c NAME OF CEMETERY OR CREMATORY (County) (State) TEMOVAL (Specify) Arlington National Arlington. Va. ADDRESS 25g. RIGH AT REGISTRAR 96856 REGISTRARS HOMELING 24 FUNERAL DIRECTOR Tyson Wheeler 1331 Rockville Pk: RockvilleMd DATE VR A15 (4)



MAY 17 1968

DIVORCED

S. DATE OF BIRTH

7o. BIRTHPLACE (Stote or foreign

odmission) STATE VIRGINIA

First

160. WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove

rise to immediate cause (a),

stoting the underlying couse

21g. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF GEATH

(If either, notify medical examiner)

country) VIRGINIA

10. CITY OR TOWN OF DEATH

BETHESDA

14. FATHER'S NAME

Yes, no or unknown)

1270

190 DATE OF OPERATION

21d. INJURY OCCURRED

While hot while at work

REMOVALIBRATA L

I. DECEASED-NAME 上下10 (Type or print) 3. SEX requires that the death certificate be executed within 24 hours after MALE

physician and completely filled en please remove corbon pope

signed by the burial-transit p

tached for use as the Jept. of Health prior to

by the hospital or attending physician

O FUNERAL DIRECTOR: After this certificate hos been

TENDING

Page 4 may be retained

burial, cremation, or removol, and in any event,

TOY PETERSON 4. RACE

130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before

LEE ALLEN PETERSON

13b. COUNTY

CAUC

7b. CITIZEN OF WHAT COUNTRY? USA

8. MARRIED NEVER MARRIED WIDOWED | 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give tree saddres NAVAL

HOSPITAL

13c CITY OR TOWN

EUANTICO

12o. USUAL OCCUPATION (Kind of work done during most of working life, even if retired)

13d. INSIDE CITY LIMITS? YES -NO X

13e, STREET AND NUMBER MCB QTRS 4101A M≀ddle

Address

MONTGOMERY

6 AGE (In years

lost birthday)

9. COUNTY OF DEATH

IS. MOTHER'S MAIDEN NAME First NANCY LOU PORTER

17. INFORMANT LEE ALLEN PETERSON QTRS 4101A MCB.

ASSOCIATED WITH

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) TETRALOGY OF FALLOT DUE TO, OR AS A CONSEQUENCE OF (b) MULTIPLE CONCENTRAL DEFECTS

Lost

16b. SOCIAL SECURITY NO.

DUE TO, OR AS A CONSEQUENCE OF

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)

216 TIME OF INJURY

HOUR A.M.

19b CONDITION FOR WHICH OPERATION WAS PERFORMED

Month Dov

20o. AUTOPSY? YES FXX NO I

ATTENDING

22e ADDRESS

PHYS

20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)

2Te PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. County

City or Town

Stote

2b. HOUR

12:354

JE LINDER 24 HRS.

HOUR5

12b. KIND OF BUSINESS OR

JE DNOFR 1 YEAR

INDUSTRY

22a | certify that (I) (this haspital) attended the deceased from 20 MAY , 1968 , to 7 TINE , 1968 , that (I) (we) last saw the deceased alive an 7 TINE 1968 , and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated above, (I) (we) (did) (did not) view the body after death 22b SIGNATUR

22d PHYSICIAN S Frank NAME (Type) Leob 230 BURIAL, CREMATION 236 DAT

23c. NAME OF CEMETERY OR CREMATORY MOUNT HOPE CEMETERY

23d LOCATION (City or Town)

laval hospital, Bethesa, Ld.

DIRECTOR

(County) MOUNT HOPE , KANSAS

6/8/68

22c DATE SIGNED

24. FUNERAL DIRECTOR

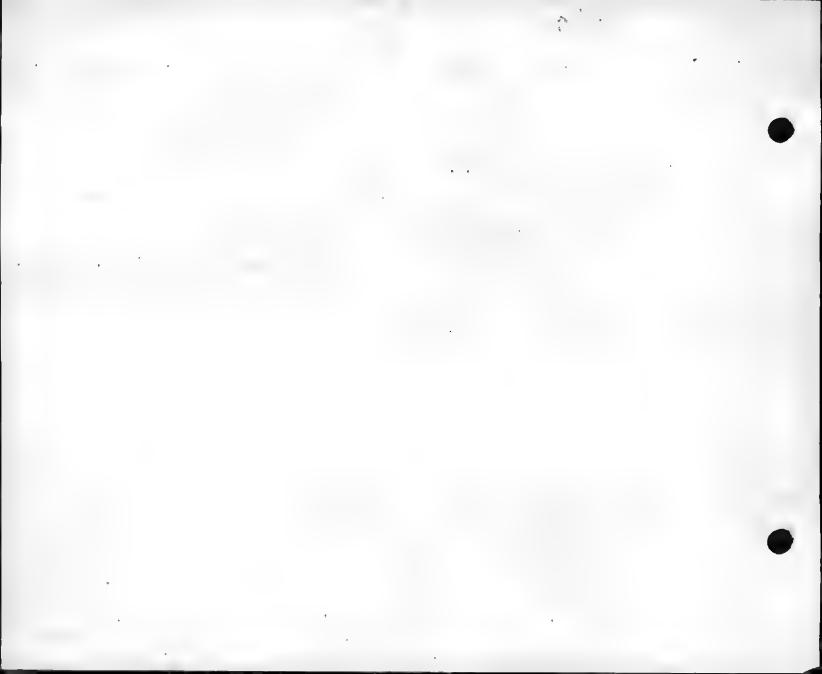
TYSON WHEELER FUNERAL HOME . ROCKVILLE PIKE

DEGREE

250 REC'D BY REGISTRAR 19686 REGISTRATE SUPPLIES

VR A15 (4) 30M REV 1/68

director, page 3



10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

filled in

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, RALTIMORE, MARYLAND 21201

		00686	DIVIDION OF	TITAL RECORDS,	CERTIFICA	ATE OF DEA		L, INAKTERNO 21201		15.2
		CEASED-NAME First ype or print)	MiE	Middle B		HOE hus	j 20.	DATE OF DEATH Month JUNE	Doy Yeor	
	3. SE	FEMALE	4. RACE	hitE		. DATE OF BIRTH 12-14	1-88	6. AGE (In years last birthdoy)		AR IF JINDER 24 HRS. AYS HOURS MIN,
	coun	BIRTHPLACE (State or foreign The control of the co	7b. CITIZEN OF W	. S	WIDOWED STITUTION (If not	in hospital 12		UNITY OF DEATH MONTGOME UPATION (Kind of work don		Md OF BUSINESS OR
٠	130.	BETHES & A USUAL RESIDENCE (Where decease	give ed, lived, if institut	street address) Sibo	IRBAN	OWN / 136 INS	DE CALA FIWILZA	warking life, even if retired) INDUSTR	
7	_	ATHER'S NAME First	13b. COUNTY /	MONTGOMED LOST.		MOTHER S MAIDEN I		403 Dog K	100d D.	Lost
	160 Y	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (If yes give w	AED FORCES? var or dates of service)	16b. SOCIAL SECURITY	NO. 17. IN	FORMANT ON) JA	mas	Phoebus-	Same	a above
		18. CAUSE OF DEATH (Enter on PART 1. DEATH WAS CAUSED IMMEDIA	DUE TO, OR	AS A CONSEQUENCE OF		monia				PROXIMATE INVERVAL EEN ONSET AND DEATH RECUTATION RE
		rise to immediate couse (a), stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUENCE OF						
	III0	Congestive	Heart	Failur	e.	fo	SE OR CONDIT	Kenia Ver		
	CERT FICATION			HICH OPERATION WAS PE			NO D	20b. IF YES, WERE FINDING CAUSES OF DEATH?		N CERTIFYING
	MINICAL CE	21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, natify medical examin	HOUR A.M. ner) P.M.	Month Doy Yeor	9			re of injury in Part 1 or Part		
		at work of work		(AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.				City or Town	County	State
		220. I certify that (I) (the saw the deceased a causes stated abave	live on	1/21	19_6_, ond	that in (my) (or	, 19_6.4°, ur} opinion	death occurred on the	dote and ho	nat (I) (we) lost ur and from the
		22b. SIGNATURE	3-0	x / Tolle	~ DEGRE	ATTENDING F	MED.	STAFF	2c. DATE SIGNED	60

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 and 2 shauld be filled with the State Dept. of Health priar to burial, cremation, or remaval, and in any event, within 72 haurs after death. Page 4 may be retained by the haspital ar attending physician. OM REV 168

BURIAL, CREMATION, REMOVAL (Specify)

22d. PHYSICIAN'S NAME (Type)

23b DATE

TOLLE N

OR CREMATORY

22e. ADDRESS

(County) (State)

INGTON, MIL

tre

RICHARD

250.

CONNECTICUT



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

puo ely filled in t bon popers. within 72 ho completely filled remaye carbon nd in any event, puo physician o burial, cremotion, or removal, signed by the burnal-tronsit p

The low requires that the death certificate be executed within 24 hours after death

O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or attending physician. Foge 4 may be recommend. After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the

CERTIFICATE OF DEATH Middle 2a. DATE OF DEATH 2b. HOURA **DECEASED-NAME** First (Type or print) Lida Pinney Month Upham 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS OAYS HOURS Female Cau April 19.1883 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 70. BIRTHPLACE (State or fareign 8. MARRIED NEVER MARRIED country) Kentucky WIDOWED -DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR give street address)
Brook Grove Foundation Medical Missonary INDUSTRY Olney 13a USUA, RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 136.5TREET AND NUMBER OF Ch.Chase 13d. INSIDE CITY LUMITS? admission) STATE. 13b COUNTY YES 🕡 20015 Chevy Cha IS. MOTHER'S MAIDEN NAME First 14. FATHER'S NAME Middle Last Middle Last Upham Edward Denslow Abigail Kinney 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes_na, or unknown) (III yes give wer or dates of service) Chevy Chase Md Mrs. S F Musselman 0975 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO 🔽 21a ACCIDENT WAS UNDERLYING 236. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21F LOCATION Street or R.F.D. No. City or Town County State While Not while at work 220. I certify that (I) (this hospital) attended the deceased from fact 1968, to June sow the deceosed olive on Curry __1968, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (well-did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING 6-16-68 DEGREE DIRECTOR PHYS 22d PHYSICIAN S 22e. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. DATE NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 6-19-68 Lexington Natl1 Lexington. 24RFUNERAL DIRECTOR INDHIEV 25b REGISTRAR'S SIGNATURE 7557 Wisconsin Ave 2So. REC'D BY REGISTRAR 19 1968 DATE Bethesda, Md 20014

VR A15 (4) 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

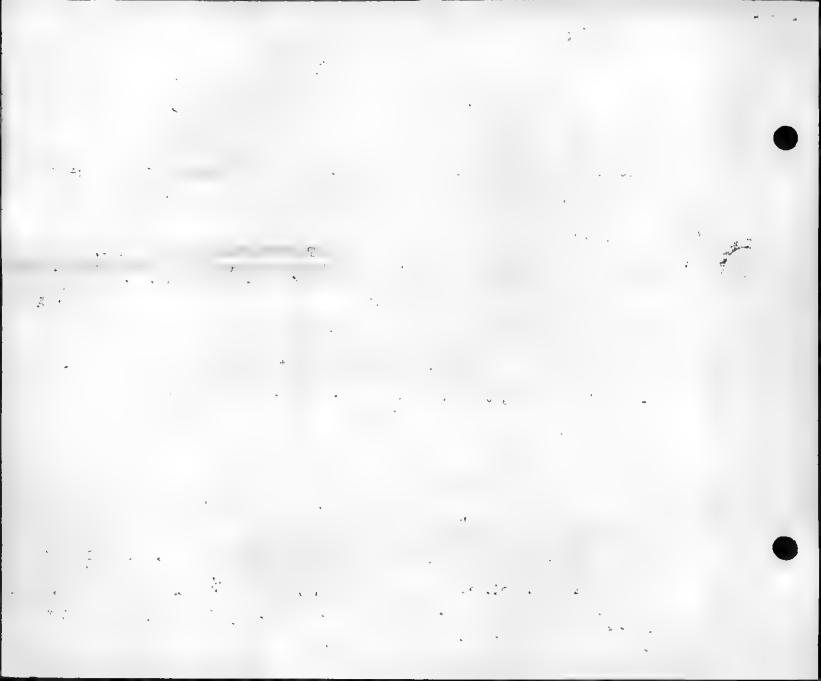
١	0.2763	DIAI2ION O			CATE OF		KE, MAKTLAND ZIZU	"	Ser Ser	<u>. </u>		
I	1. DECEASED-NAME Fin (Type or print) Law:	rence	Middle Charles	C	Pollne	757	I. DATE OF DEATH Month June	Doy 15	1968	2b. HOURP 8:55 M		
	3 SEX Male	4 RACE	White		5. DATE OF E	RTH vember 19	14 SAGE (In years last buthday)	YRS.	IDER I YEAR	IF UNDER 24 HRS. HOURS MIN		
I	70. BIRTHPLACE (Stote or foreign country) New York 10. CITY OR TOWN OF DEATH	7b. CITIZEN OF V		WIDOWE		RCED	OUNTY OF DEATH Montgomery CUPATION (Kind of work d	lone Ite	b, KIND OF B	Md.		
	Bethesda 130. USUAL RESIDENCE (Where dece	give	streetingessClin	ical	Center		tworking life even trette EXEXEMANAGER	ed) IN				
ľ	odmission New Jersey	13b COUNTY			ensack	YES NO	14 Maple A	lvenue	9	I-d		
	14. FATHER'S NAME First Phili		Pollne:			Rose	Midd		Gro			
	16g. WAS DECEASED EVER IN U.S. A Yes, never unknown) (15 yes giv	RMED FORCES? I war or dates of service)	16b. SOCIAL SECURITY N 118-18-708	36	, INFORMANT			TCK 1		I HOME.		
	18. CAUSE OF DEATH (Enfer PART I. DEATH WAS CAU:)	ED BY. DIATE CAUSE (0)	line for (a), (b), and (c). Ruptured AS A CONSEQUENCE OF	}		UME AVE.,	BRUNX, N.Y.	10432	BETWEEN ON	nutes		
	Canditions, if any, which gav rise to immediate cause (a) stating the underlying cous		15 Ye	ars								
	lost .		20 Ye	ars								
١	PART 2. OTHER SIGNIFICANT C											
L	June 7, 1968		HICH OPERATION WAS PHE calcific a				20b. IF YES, WERE FINDI CAUSES OF DEATH?	NGS CONSID	ERED IN CE	RTIFYING		
	G (If either, notify medical example)	ING 236 TIME HOUR A.M niner) P.M	. Month Day Year	,			ure of injury in Part 1 or Po	ort 2, Item i	IB.)			
	While Nat while	e. PLACE OF INJURY	(AT HOME FARM, STREET, FAC OFFICE BUILDING, ETC.				City or Town		unty	State		
	couses stoted obo	olive on	tended the deceose June ! (daknos) view the	9 <u>55</u> . c	and that in 🕸	, 19 <u>68</u> ₹ў) (our) opinio	, to 15 June n deoth occurred on th	ne dote oi	nd hour o	and from the		
ı	22b SIGNATURE	c H.C	Johnson	~ DE	GREE PHYS.	☐ DIREC			signed,			
	22d PHYSICIAN'S NAME (Type) Eric	H. John			Ins	titutes o	linical Cente of Health, Be	etheso	ia, Mo	1. 2001		
	Drival (Spertly)	DATE cene 17/	18 23 NAME OF	THE RY	R CREMATORY	11/2	d LOCATION (city of own)		runty)	(State)		
	24. FUNERAL DIBECTOR	sinol,	orlease of	stri	msd.	2Sg REC'D BY RE		TRAR'S SIGN		udar		

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in pyrine futheral director, page 3 shauld be detached far use as the burial-transit permit. Then please emaye carban papers, Pages 1 and 2 shauld be filled with the State Dept. of Health prior to burial, crematian, ar remayal, and in any event, within 72 haursafter death. TO NOSPITAL OR ATTENDING PHYSICIAM: The law requires that the Leath certificate be executed within 21 havis after Leath.

Page 4 may be retained by the haspital ar attending physician.

futheral ond 2

VR A15 (4) 30M REV, 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05255 CERTIFICATE OF DEATH I. DECEASED-NAME Middle Last First 2a. DATE OF DEATH (Type or print) LecRon Year 68 HLPRED the attending physician and completely filled in by the fur-sit permit. Then please remove carban papers. Eages of nation, ar remaval, and in any event, within 72 haurs after 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years last birthday) MONTHS DAYS requires that the death certificate be executed within 24 hours aft MALE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) OKlahoma DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kipd of T2b KIND OF BUSINESS OR during and the Marinet (Marinet red) 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LANTS? admission) STATE 13b. COUNTY 1en brok burial, cremation, ar removal, and in any 14. FATHER'S NAME Middle Last 111;11;am Altred priette Pone 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT MAddress + Onle Yes, no of unknown) 437-05-5866 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) r this certificate has been detached far use as the te Dept, af Health priar ta 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? но 🄄 YES 🖂 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County While Nat while at wark at wark

be retained by the haspital or attending director, page 3 should be detached 1 Should be filed with the State Dept. of O FUNERAL DIRECTOR: After

22a. I certify that (I) (this hospital) attended the deceased fram Novy 26, 1948, ta June 9, 1948, that (I) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion depth occurred on the dote and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE

22c DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYS. 22d. PHYSIC AN'S 22e. ADDRESS NAME (Type

DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) BURIAL, CREMATION. (County) (Stafe) REMOVAL (Spenfx) Lincoln Crematory Prince Year

2Sb. REGISTRAR'S SIGNATURE 2Sq. REC'D BY REGISTRAR

aumond

2b. HOUR

IF UNDER 24 HRS.

HOURS

Last

State

55/



FOR STATE HEALTH DEPT. Poge

ny deloy is

This certificate should be executed within 24 hours after death

necessary, please execute the certificate, writing the word "pending"

SICAL EXAMINER:

TO DEPUTY

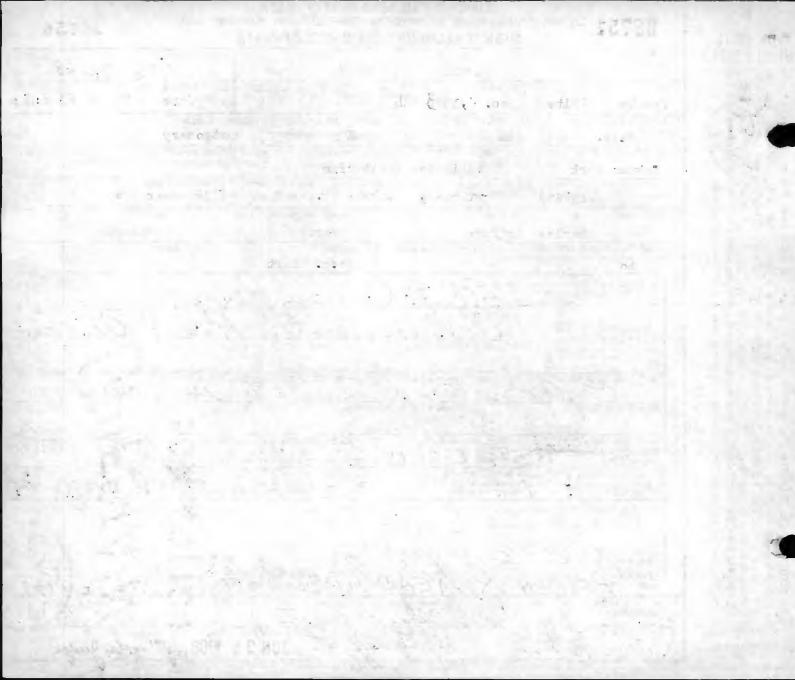
in pencil in Item 18. Give Pog

ment of the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office olong with 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the St Health prior to burial, cremotion, or removal, and in any event within 72 hours after death,

MARYLAND STATE DEPARTMENT OF HEALTH O C T T DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

0000		MEDIC	AL EXAMINE	R'S CI	ERTIFICATE	OF DE	ATH		901	00
DECEASED-NAME (Type or Print)	First IDA	P.	Middle AMELIA		PRAY			2a. DATE KNOWN Manth OF ESTI- DEATH MATED	26 F	S 2b. HOUR
3. SEX Female	4. RACE White	S. DATE OF BIR	9,188 5	E (In years purhday) YRS.	MONTHS OAYS	HOURS	MIN,	2c. DATE PRONOUNCED DEAD Month June Doy 20	5 Year 196	8 6215 A
7o. BIRTHPLACE (Stote country)		CITIZEN OF WHI		WIDO		ORCED 🔲		ontgamery		Me
10. CITY OR TOWN OF TA KOMA			ME OF HOSPITAL OR II		tarium	during	most of	UPATION (Kind of work dane working life, even if retired.)	12b. KIND OF I	BUSINESS OR
Odmission) STATE	CE (Where deceosed Maryland	lived, if institution 13b. COUNTAGO	tion: Residence before ntgomery	13c. CITY Tak	on fown	YES K		13e. STREET AND NUMBER 7112 Cedar Av	•	
14. FATHER'S NAME	fist Charles	Middle Hoffs	Lost		15. MOTHER'S M.		First	Middle Chase		Lost
16a. WAS DECEASED EV (Yes, no, or unknow	ER IN U.S. ARMED FO		16b. SOCIAL SECURITY N	10.	7. INFORMANT Ho * p •			ADDRESS		
rise to immed stating the unlast. PART 2. OTHER	mile	(b) DUE TO, OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF THE PROPERTY OF THE PR	RELATED WHICH OPE	irus	DISEASE OR C	ONDITION	GIVEN IN MART 1(0) A	Wise Walto	Pare
AT WORK A	R CONTRIBUTE H CURRED 21e. Pt. factors work	ACE OF INJURY (A	At home, form, street, g, etc.)	68	THE LOCATION Street	ellan	an	Court of the City or Jake	Fine County	Lowel
	certify that I too	Natural caus	ne remains describ	1	Suicide	opsy, Hamicid HEF MEDICAL	e 🔲,	Undetermined manner	ond in	my apinior

VR A15ME (5) 10M REV. 1/68



CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

38757

-		CEASED-NAME First ype or print) SUSTE: 1	Middle PUTNAM		Lost	20. DATE OF DEATH	the Doy,	1968°°°	26. HOUR A
7 / C	3. SE		4. RACE CAUCASIAN	S.	DATE OF BIRTH	6. AGE (In yeors	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	7o. B		76. CITIZEN OF WHAT COUNTRY? USA	B. MARRIED WIDOWED	NEVER MARRIED [MONTGOMER			Md.
27	10. C	ITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL OR INS give street address) NAVA	TITUTION (If not L HOSP	in hospitol 120. USUAl during mo	OCCUPATION (Kind of the of working life, even HOUSEW IFE	work done if retired.)	12b. KIND OF E INDUSTRY	USINESS OR
15	13o. odmi	USUAL RESIDENCE (Where decease ssion) STATE MARYLAND	d lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TO	VEC CO NO.			T. DR.	
1	,4. F	JAMES EMA	Middle Lost		MOTHER'S MAIDEN NAME FIN		Middle		Lost
	160. Y	was Deceased EVER IN U.S. ARM es no, or unknown) (If yes give we	ED FORCES? If or dates of service) 16b. SOCIAL SECURITY N 1482 40 23		ORMANT LIAM J. FUTN	AM 9811 E.	Add ENS BEXHII		2
		1B. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIA	y one couse per line for (o), (b), ond (c). BY: CARCINOMA O) FTHE P	ANCREAS WITH				IATE INTERVAL ISET AND DEATH
		Conditions, if only, which gove tise to immediate couse (a),	DUE TO, OR AS A CONSEQUENCE OF		LIVER, CAUS				
		stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (c) OBSTRUCTIVE	E JAUND	ICE				
	N	PART 2. OTHER SIGNIFICANT CON $157 \times$	ditions <u>contributing to death</u> but no	OT RELATED TO T	'HE TERMINAL DISEASE ORCC	ONDITION GIVEN IN PART	1(0)		
1	CERTIFICATION	196. DATE OF OPERATION 196. (ONDITION FOR WHICH OPERATION WAS PE		20o. AUTOPSY? YES XXX NO	20b. IF YES, WER CAUSES OF DEATI	H? YES	3	RTIFYING
	MEDICAL CE	210. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (If either, notify medical examin	HOUR A.M. Month Doy Year		INJURY OCCURRED (Enter	noture of injury in Port	1 or Port 2, Ite	em 18.)	
	ME	at work of work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.					County	Stote
ř		22a. I certify that (I) (thi saw the deceased al causes stated abave	s hospital) attended the decease ive an TUNE 16 1 (I) (we) (did) (did nat) view the	ed fram M 9_68 and bady ofter de	AY 5 , 19 6 thot in (my) (aur) apir ath.	8_, taTUNE nion death accurred	16 19 I an the date	66 , that e and hour c	(I) (we) last and from the
		22b. SIGNATURE	Porefar	DEGREE	ATTENDING MI PHYS. DI	ED. STAFF RECTOR PHYS.	220.07	ATE SIGNED JUNE	1968
			BLANCHARD LCDR, MC		222 ADDRESS NAV			•	
			-20-68 IOWA M	CEMETERY OR CE	CEMETERY	23d. LOCATION (City o	NES, IO		(Stote)
4) /68	R.	A. PUMPHREY 79	557 WISCONSIN AVE.	BETHES	DATE DATE	N 2 1 1968	REGISTRAR'S S	SIGNATURE CA	edat

ACCOS THE STATE OF SAME PARTY AND ADDRESS OF THE PAR THE THE REST WAS TO SEE THE SAME 8

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Note that the second se